Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). This application provides information for such registration. U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR REGISTRATION (TYPE OR PRINT)				OMB No. 0579-0036 FORM APPROVED
		USDA USE ONLY Applicant should send completed form to this address. USDA APHIS ANIMAL CARE WESTERN 2150 Centre Ave. Building B, Mailstop #3W11 Fort Collins, CO 80526-8117 (970) 494-7478		
REGISTRATION UPDATE		CERTIFICA 74-R-0033 1449	TE NO./CUS	T NO: RENEWAL DATE 2-Jun-2020
REGISTRANT (Name and permanent mailing address, including Zip Code)				!
University Of North Texas Vice President For Research & Innovation P.O. Box 305250 Denton, TX 76203			(b)	(7)(F)
COUNTY: Denton TELEPHONE (940) 565 - 4643 3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)				
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS	6. TYPE OF REGISTRATION: ♦ Class E – Exhibitor • Class H – Intermediate Handler			
☑ Yes ☐ No	◆ Class R – Research Facility			
7. FEDERAL FUND TYPES:	8. TYPE OF ORGA	NIZATION:		
♦ Award ♦ Contract ♦ Grant ♦ Loan	♦ Partnershi	p	orporation	♦ Individual
9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHIP IDE	ENTIFY EACH PARTI	NER OR OFFICER, IF	CORPORATION, IDE	NTIFY PRINCIPAL
A. NAME B. TITL A. NAME	.E	C.		(Laddress, including ZIP Code)
(b) (6), (b)	(7)(C)		, ,

CERTIFICATION

I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act, 7 U.S.C.. 2131 et seq. and I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards contained in 9 CFR, Subpart A, parts 1, 2 and 3. I certify that all listed persons are 18 years of age or older,

(b

12. DATE SIGNED 6/10/20