Every research facility, exhibitor, carrier, and intermediate handler not required to be Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). Thi provides information for such registration.		OMB No. 0579-0036 FORM APPROVED		
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR REGISTRATION (TYPE OR PRINT)		USDA USE ONLY		
		Applicant should send completed form to USDA APHIS ANIMAL CARE WESTERN 2150 Centre Ave. Building B, Mailstop #3W11 Fort Collins, CO 80526-8117 (970) 494-7478	this address.	
REGISTRATION UPDATE				
		CERTIFICATE NO./CUST NO: 46-R-0001	RENEWAL DATE	
		1560	7-Jun-2020	
		1900		
1. REGISTRANT (Name and permanent mailing address, including Zip Code)		2. LOCATION (S) OF BUSINESS, EXHIBITION SITE (Use additional sheets if necessary)	(s), OR RESEARCH FACILITIES	
University Of South Dakota 414 East Clark Street Vermillion, SD 57069 2390 county: Clay TELEPHONE (605) 677 - 5647		(b) (7)(F)		
COUNTY: Clay TELEPHONE (605) 677 - 5647 3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)		4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN	I WHICH YOU HAVE AN INTEREST:	
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT 6. TYPE OF REGIS				
RESEARCH, TESTS, OR EXPERIMENTS		xhibitor \diamond Class H – Intermediate Handler		
		esearch Facility		
7. FEDERAL FUND TYPES: 8. TYPE O				
Award Contract AGrant Coan	◇ Partnership			
Other (Specify) UNIVERSITY IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL			CIPAL	
OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUTIONAL OFFICIAL (Use separate sheet if needed)				
(b) (6), (b) (7		(b) (6), (b) (
2				
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,

	11. NAME AND TITLE (Type or Print)	12. DATE SIGNED
b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	6/4/20
A	CKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS	N2

APHIS FORM 7011 (FEB 2009)