

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.

OMB No. 0579-0036  
FORM APPROVED

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**APPLICATION FOR REGISTRATION**  
(TYPE OR PRINT)

**REGISTRATION UPDATE**

**USDA USE ONLY**

Applicant should send completed form to this address.  
USDA APHIS ANIMAL CARE  
EASTERN  
2150 Centre Ave.  
Building B, Mailstop #3W11  
Fort Collins, CO 80526-8117  
(970) 494-7478

**CERTIFICATE NO./CUST NO:**  
23-R-0089

**RENEWAL DATE**

360

6-Jun-2020

**1. REGISTRANT (Name and permanent mailing address, including Zip Code)**

Cocalico Biologicals Inc  
449 Stevens Road  
Stevens, PA 17578

COUNTY: Lancaster TELEPHONE (717) 336-1990

**3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)**

**2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES**  
(Use additional sheets if necessary)

(b) (7)(F)

**4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:**

**5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT**

RESEARCH, TESTS, OR EXPERIMENTS

☒ Yes ☐ No

**6. TYPE OF REGISTRATION:**

☐ Class E - Exhibitor ☐ Class H - Intermediate Handler  
☐ Class R - Research Facility ☐ Class T - Carrier

**7. FEDERAL FUND TYPES:**

☐ Award ☐ Contract ☐ Grant ☐ Loan

**8. TYPE OF ORGANIZATION:**

☐ Partnership ☐ Corporation ☐ Individual  
☐ Other (Specify)

**9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUTIONAL OFFICIAL. (Use separate sheet if needed)**

A. NAME	B. TITLE	C. ADDRESS (Full address, including ZIP Code)
(b) (6), (b) (7)(C)		(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.

10. (b) (6), (b) (7)(C)	11. NAME AND TITLE (Type or Print) (b) (6), (b) (7)(C)	12. DATE SIGNED 06/10/2020
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APHIS FORM 7011  
(FEB 2009)

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS