

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 <b>APPLICATION FOR REGISTRATION</b> (TYPE OR PRINT)  <b>REGISTRATION UPDATE</b>		<b>USDA USE ONLY</b>  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	
<b>1. REGISTRANT (Name and permanent mailing address, including Zip Code)</b>  Morehouse School Of Medicine 720 Westview Drive Sw Atlanta, GA 30310  COUNTY: Fulton    TELEPHONE (404) 752 - 1725		<b>2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES</b> <i>(Use additional sheets if necessary)</i> <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 10px;">(b) (7)(F)</div>	
<b>3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)</b>		<b>4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:</b>	
<b>5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>6. TYPE OF REGISTRATION:</b> <input type="checkbox"/> Class E – Exhibitor <input type="checkbox"/> Class H – Intermediate Handler <input type="checkbox"/> Class R – Research Facility <input type="checkbox"/> Class T – Carrier	
<b>7. FEDERAL FUND TYPES:</b> <input checked="" type="checkbox"/> Award <input type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Loan		<b>8. TYPE OF ORGANIZATION:</b> <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify) _____	
<b>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)</b>			
A. NAME	B. TITLE	C. ADDRESS (full address, including ZIP Code)	

**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>10. SIGNATURE</b> <div style="background-color: black; color: red; font-size: 1.5em; text-align: center; padding: 5px;">(b) (6), (b) (7)(C)</div>	<b>11. NAME AND TITLE (Type or Print)</b> <div style="background-color: black; color: red; font-size: 1.5em; text-align: center; padding: 5px;">(b) (6), (b) (7)(C)</div>	<b>12. DATE SIGNED</b> 7/7/2020
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 APHIS-0579-0036-04F6...  
(FEB 2009)

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS