

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: 61-R-0001 897	RENEWAL DATE 18-Jul-2020
1. REGISTRANT (Name and permanent mailing address, including Zip Code) University Of Louisville 511 S Floyd St Research Resources Louisville, KY 40202 COUNTY: Jefferson TELEPHONE (502) 852 - 5268		2. ESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (if necessary) <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 10px;">(b) (7)(F)</div>	
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY) Not Applicable		4. CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST: Not Applicable	
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS <input checked="" type="radio"/> Yes <input type="radio"/> No		6. TYPE OF REGISTRATION: <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	
7. FEDERAL FUND TYPES: <input type="checkbox"/> Award <input type="checkbox"/> Contract <input type="checkbox"/> Grant <input type="checkbox"/> Loan		8. TYPE OF ORGANIZATION: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/>	
(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.			
<div style="background-color: black; color: red; font-size: 1.2em; text-align: center; padding: 5px;">(b) (6), (b) (7)(C)</div>	Digitally signed by <div style="background-color: black; color: red; font-size: 0.8em; text-align: center; padding: 2px;">(b) (6), (b) (7)(C)</div> Date: 2020.06.30 11:47:57 -0400	11. NAME AND TITLE (Type or Print) <div style="background-color: black; color: red; font-size: 1.2em; text-align: center; padding: 5px;">(b) (6), (b) (7)(C)</div>	12. DATE SIGNED 06/30/2020