

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 <table border="1"> <tr> <td>CERTIFICATE NO./CUST NO: 55-R-0001 825</td> <td>RENEWAL DATE 24-Jul-2020</td> </tr> </table>		CERTIFICATE NO./CUST NO: 55-R-0001 825	RENEWAL DATE 24-Jul-2020
CERTIFICATE NO./CUST NO: 55-R-0001 825	RENEWAL DATE 24-Jul-2020				
1. REGISTRANT (Name and permanent mailing address, including Zip Code) Wake Forest University Medical Center Boulevard Winston Salem, NC 27157 COUNTY: Forsyth TELEPHONE (336) 713 - 7006		2. LOCATION OF REGISTRATION SITE(S), OR RESEARCH FACILITIES <div style="background-color: black; color: red; text-align: center; padding: 20px;">(b) (7)(F)</div>			
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)		4. NUMBER(S) IN WHICH YOU HAVE AN INTEREST: 55-R-0001			
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 checked="" type="checkbox"/> Contract <input checked="" 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"/> _____			
		9. NAME AND TITLE (Type or Print) _____ PRINCIPAL			
		10. ADDRESS (Type or Print) <div style="background-color: black; color: red; text-align: center; padding: 20px;">(b) (6), (b) (7)(C)</div>			
		11. ADDRESS (Type or Print) <div style="background-color: black; color: red; text-align: center; padding: 20px;">(b) (6), (b) (7)(C)</div>			
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		18. ADDRESS (Type or Print) <div style="background-color: black; color: red; text-align: center; padding: 20px;">(b) (6), (b) (7)(C)</div>			
		19. ADDRESS (Type or Print) <div style="background-color: black; color: red; text-align: center; padding: 20px;">(b) (6), (b) (7)(C)</div>			
		20. ADDRESS (Type or Print) <div style="background-color: black; color: red; text-align: center; padding: 20px;">(b) (6), (b) (7)(C)</div>			

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. SIGNATURE <div style="background-color: black; color: red; text-align: center; padding: 20px;">(b) (6), (b) (7)(C)</div>		11. NAME AND TITLE (Type or Print) <div style="background-color: black; color: red; text-align: center; padding: 20px;">(b) (6), (b) (7)(C)</div>	
		12. DATE SIGNED 06/29/2020	