

USDA USE ONLY

CERTIFICATE NO./CUST NO:

RENEWAL DATE

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

COUNTY: Allegheny TELEPHONE (412) 641 - 2675

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

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

204 Craft Avenue
Pittsburgh, PA 15213
County: Allegheny

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) 1251462312 A1

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)

[illegible]

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) (6), (b) (7)(C)

14. NAME AND TITLE (Type or Print)
(b) (6), (b) (7)(C)

12. DATE SIGNED
2/10/2020

ACKNOWLEDGEMENT OF RECEIPT