

OMB No. 0579-0036  
FORM APPROVED

## USDA USE ONLY

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

## REGISTRATION UPDATE

**CERTIFICATE NO./CUST NO:**

46-R-0002

RENEWAL DATE

29-Feb-2020

29 FEB 23

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

South Dakota State University  
Morrill Hall 200f  
Box 2201  
Brookings, SD 57007

COUNTY: Brookings TELEPHONE () -

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) Public University

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)
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(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.

12. DATE SIGNED

1/23/2020

APHIS FORM 7011  
(FEB 2009)

27 JAN 2020