

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:**

63-R-0117

999

**RENEWAL DATE**

22-Feb-2020

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

Sewanee The University Of The South  
735 University Ave  
Sewanee, TN 37383 1000

COUNTY: Franklin TELEPHONE (931) 598 - 1722

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

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

735 University Avenue  
Sewanee, TN 37383  
County: Franklin

**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)

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)

(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.

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

**12. DATE SIGNED**

2-26-2020

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

APHIS FORM 7011

03 MAR 2020