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| 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 WESTERN 2150 Centre Ave. Building R, Mailstop #3W11 Fort Collins, CO 80526-8117 (970) 494-7478 | |
| | | CERTIFICATE NO./CUST NO: 74-R-0070 1474 | RENEWAL DATE 13-Jul-2020 2025 |
| 1. REGISTRANT (Name and permanent mailing address, including Zip Code) University Of Texas- San Antonio One U T S A Circle San Antonio, TX 78249 1644 COUNTY: Bexar TELEPHONE (210) 458 - 6859 | | 2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary) One U T S A Circle San Antonio, TX 78249 County: Bexar | |
| 3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY) | | 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 <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 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 checked="" type="checkbox"/> Other (Specify) <u>Texas State Public University</u> | |
| 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) | | The University of Texas at San Antonio Department: One UTSA Circle San Antonio, TX 78249 | |
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| Taylor Eighmy, Ph.D. President | | | |
| 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 (b) (6), (b) (7)(C) | 11. NAME AND TITLE (Type or Print) (b) (6), (b) (7)(C) | | 12. DATE SIGNED 07/03/2020 |