

[illegible]

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:
32-R-0020

784

RENEWAL DATE

24-Aug-2020

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

Bioanalytical Systems Inc
10424 Middle MT. Vernon RD
Mount Vernon, IN 47620

COUNTY: Posey TELEPHONE (812) 985-5900

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

N/A

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

Bioanalytical Systems Inc
10424 Middle MT. Vernon RD
Mount Vernon, IN 47620
County: Posey

4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:

32 R 0020

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

N/A

8. TYPE OF ORGANIZATION:

◆ Partnership

 X Corporation

 Individual

◆ Other (Specify)

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)

10424 Middle Mt. Vernon Rd
Mt. Vernon, IN 47620

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.

40 SIGNATURE

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

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

12. DATE SIGNED

17 Aug 2020

APHIS FORM 7011
(FEB 2009)

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS