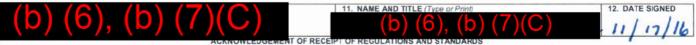
## NOV 2 1 2018

	DEC 2 1 2016		
Every research facility, exhibitor, carrier, and intermediate handler not required to be Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). Thi provides information for such registration.			OMB No. 0579-0036 FORM APPROVED
U.S. DEPARTMENT OF AGRICULTURE		USDA USE ONLY	
ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR REGISTRATION (TYPE OR PRINT)		Applicant should send completed form USDA APHIS ANIMAL CARE EASTERN 920 Main Campus Drive Suite 200 Raleigh, NC 27606-5210 (919) 855-7100	to this address.
REGISTRATION UPDATE			AVIZ
		CERTIFICATE NO./CUST NO: 61-R-0112	RENEWAL DATE
		330468	15-Nov-2016
1. REGISTRANT (Name and permanent mailing address, including Zip Code)		2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(s), OR RESEARCH FACILITIES	
Kentucky State University 400 East Main Street A S B Building Suite 255 Frankfort, KY 40601		(Use additional sheets if necessary) (b) (7)(F)	
COUNTY: FRANKLIN TELEPHONE (502) 597 - 5787 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 6. TYPE OF REGI		RATION:	
RESEARCH, TESTS, OR EXPERIMENTS	<ul> <li>◇ Class E – Exhibitor</li> <li>◇ Class H – Intermediate Handler</li> <li>◇ Class H – Intermediate Handler</li> </ul>		
	♦ Class R – Research Facility ♦ Class T - Carrier		
7. FEDERAL FUND TYPES: ★Award ◇ Contract ★Grant ◇ Loan	◇ Partnership	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. TIT	LE	C. ADDRESS (full address, i	
(b) (6), (b) (7)(C)		(b) (6), (b	)(/)(C)
I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler u to the best of my knowledge. I hereby acknowledge receipt of and agree to comply w	CERTIFICATIO nder the Animal Welfare rith all the regulations ar	Act, 7 U.S.C 2131 et seq. and I certify that the info	rmation provided herein is true and correc 2 and 3. I certify that all listed persons are
18 years of age or older, 11. NAME AND TITLE (Type or Print) 12. DATE SIGNED			



APHIS FORM 7011 (FEB 2009)

a i.



United States Department of Agriculture

Marketing and Regulatory Programs

Animal and Plant Health Inspection Service

Animal Care

## **EXPIRATION DATE: NOVEMBER 15, 2019**

¢

This is to certify that

## KENTUCKY STATE UNIVERSITY

is a registered under the

CLASS R RESEARCH FACILITY

## Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No.

Customer No.

Frevious editions are obsulate.

61-R-0112

330468

Deputy Administrator