

NOV 21 2016

DEC 21 2016

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	
<p>U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</p> <p>APPLICATION FOR REGISTRATION (TYPE OR PRINT)</p> <p>REGISTRATION UPDATE</p>		USDA USE ONLY Applicant should send completed form to this address. USDA APHIS ANIMAL CARE EASTERN 920 Main Campus Drive Suite 200 Raleigh, NC 27606-5210 (919) 855-7100	
		CERTIFICATE NO./CUST NO: 61-R-0112 330468	RENEWAL DATE 15-Nov-2016
1. REGISTRANT (Name and permanent mailing address, including Zip Code) Kentucky State University 400 East Main Street A S B Building Suite 255 Frankfort, KY 40601 COUNTY: FRANKLIN TELEPHONE (502) 597 - 5787		2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary) (b) (7)(F)	
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 checked="" type="checkbox"/> Award <input type="checkbox"/> Contract <input checked="" 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>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)		(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)		11. NAME AND TITLE (Type or Print) (b) (6), (b) (7)(C)	12. DATE SIGNED 11/17/16



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.

61-R-0112

Customer No.

330468

A handwritten signature in black ink, appearing to be "B. J. [unclear]", is written over a horizontal line.

Deputy Administrator

Obtained by Rise for Animals.
Uploaded to Animal Research Laboratory Overview (ARLO) on 07/16/2021

20-61256-000001