

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
920 Main Campus Drive
Suite 200
Raleigh, NC 27606-5210
(919) 855-7100

NOV 03 2016

CERTIFICATE NO./CUST NO:
63-R-0126
43010

RENEWAL DATE
15-Nov-2016 *SEN*

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

The University Of Tennessee - Chattanooga
615 Mc Callie Avenue
~~201 Hooper Hall~~ *109 Race Hall, Dept. 4915*
Chattanooga, TN 37403

COUNTY: HAMILTON TELEPHONE (423) 425 - 5867

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

63-R-0121

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

(b) (7)(F)

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)

(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

11/2/16

APHIS FORM 7011
(FEB 2009)

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

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

NOV 03 2016

Institutional Animal Care and Use Committee

Dept. 4915
615 McCallie Avenue
Chattanooga, TN 37403-2598
Phone: (423) 425-4443

RE: Addendum to APHIS Form 7011: Application for Registration – Registration Update

Certificate No: 63-R-0126
Cust No: 43010

USDA APHIS ANIMAL CARE
EASTERN
920 Main Campus Drive
Suite 200
Raleigh, NC 27606-5210
919.855.7100

Block 1

Physical address change (does not affect mailing address):

The University of Tennessee- Chattanooga
615 McCallie Avenue
109 Race Hall, Dept. 4915
Chattanooga, TN 37403
County: Hamilton
423.425.5867

Block 2

Addition of research facilities:

(b) (7)(F)

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

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

11/2/16
Date



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

THE UNIVERSITY OF TENNESSEE - CHATTANOOGA

is a registered
under the

CLASS R RESEARCH FACILITY

Animal Welfare Act

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

Certificate No.

63-R-0126

Customer No.

43010

Deputy Administrator

A handwritten signature in black ink, appearing to be "B. J. Long", written over a horizontal line.