

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 2135). 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)		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	
REGISTRATION UPDATE		CERTIFICATE NO./CUST NO: 35-R-0029 634	RENEWAL DATE 23-Jul-2020
1. REGISTRANT (Name and permanent mailing address, including Zip Code) Medical College of Wisconsin 8701 Watertown Plank Road Milwaukee, WI 53226 Milwaukee COUNTY: TELEPHONE 414-955-4209		2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES <i>(Use additional sheets if necessary)</i> Medical College of Wisconsin 8701 Watertown Plank Road Milwaukee, WI 53226	
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 checked="" type="checkbox"/> Class R – Research Facility <input type="checkbox"/> Class T – Carrier	
7. FEDERAL FUND TYPES: <input checked="" type="checkbox"/> Award <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant <input checked="" 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) _____	
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)	
John R. Raymond, Sr., MD	President & CEO	8701 Watertown Plank Road, Milwaukee, WI 53226	
<div style="font-size: 48pt; color: red; opacity: 0.5;">(b) (6), (b) (7)(C)</div>		8701 Watertown Plank Road, Milwaukee, WI 53226	
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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 <div style="font-size: 24pt; color: red; opacity: 0.5;">(b) (6), (b) (7)(C)</div>	12. DATE SIGNED 12/16/2020		