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Every research facility, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 U.S.C. 2136). This application provides information for such registration.

OMB
Approved
0579-0036

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**APPLICATION FOR
REGISTRATION**
(TYPE OR PRINT)

NEW REGISTRATION

USDA USE ONLY

CERTIFICATE NUMBER/CUSTOMER NUMBER

RENEWAL DATE

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

Southeast Technical College
2320 N Career Avenue
Sioux Falls, SD 57107

COUNTY: Minnehaha

TELEPHONE NUMBER:

(605) 367-5865

2. ALL BUSINESS NAMES AND SITE LOCATION(S).

☐ Use additional sheets, if necessary

COUNTY:

TELEPHONE NUMBER:

3. PREVIOUS USDA REGISTRATION NUMBER (If any):

None

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

None

5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS?

☐ Yes

☒ No

6. TYPE OF REGISTRATION:

☐ Class H - Intermediate Handler

☐ Class T - Carrier

☒ Class R - Research Facility

7. TYPE OF ORGANIZATION:

☐ Individual

☐ Corporation

☐ Partnership

☒ Other Post-Secondary College

8. IF INDIVIDUAL, IDENTIFY THE OWNER; IF PARTNERSHIP, IDENTIFY EACH PARTNER OR OFFICER; IF CORPORATION OR OTHER, IDENTIFY PRINCIPAL OFFICERS. FOR RESEARCH FACILITIES INCLUDE THE NAME OF THE INSTITUTIONAL OFFICIAL. (Use separate sheet, if needed)

A. NAME

B. TITLE

Robert J. Giggs, JD

President

9. CHECK THE TYPE OF ANIMAL(S) USED IN YOUR BUSINESS.

DOGS

☒

NONHUMAN
PRIMATES

☐

RODENTS
(Do not include lab rats or mice)

☐

CATS

☒

MARINE MAMMALS

☐

WILD/EXOTIC
HOOFSTOCK

☐

GUINEA PIGS

☐

FARM ANIMALS

☐

BEARS

☐

HAMSTERS

☐

WILD/EXOTIC
CANINES

☐

WILD/EXOTIC
MAMMALS
(Not listed elsewhere)

☐

RABBITS

☐

WILD/EXOTIC
FELINES

☐

OTHER

☐

CERTIFICATION

I hereby register as a Research Facility, 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.

11. NAME AND TITLE (Type or Print)

Robert J. Griggs, JD

President

12. DATE SIGNED

04 June 2020

ACKNOWLEDGMENT OF RECEIPT OF REGULATIONS AND STANDARDS