

According to the paperwork reduction act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete the information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.		USDA USE ONLY	OMB APPROVED 0579-0036
		Applicant should send completed form to this address: USDA/APHIS/AC 2150 Centre Ave. Building B, Mailstop 3W11	
		Certificate Number and Customer Number: 57-R-0002/895	Renewal Date: 4 Dec 2023
<b>United States Department of Agriculture</b> <b>Animal and Plant Health Inspection Service</b> <b>APPLICATION FOR REGISTRATION UPDATE</b> <b>(TYPE OR PRINT)</b>			
Every research facility, carrier, and intermediate handler not required to be licensed under 7 U.S.C. 2133, shall register with the USDA (7 U.S.C. 2136). The registration shall be updated every 3 years. (9 C.F.R. §2.30).			
1. Type of registration requested: <input type="checkbox"/> Intermediate Handler <input type="checkbox"/> Carrier <input checked="" type="checkbox"/> Research Facility <input type="checkbox"/> Federal Research Facility <input type="checkbox"/> Agricultural Research Facility <input type="checkbox"/> Veterans' Administration			
2. Type of organization: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> University <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Other _____			
3. Type of public: (select one) <input type="checkbox"/> State, Local, Tribal Government <input checked="" type="checkbox"/> Business Or Other For-Profit <input type="checkbox"/> Not-For-Profit Institution <input type="checkbox"/> Farm <input type="checkbox"/> Foreign Or Domestic Federal Government <input type="checkbox"/> Individual Or Household			
4. Name of Registrant and Mailing Address: (See Instructions) Augusta University 1120 15th Street, C.J-1036 Augusta, Georgia 30912		9. All Business Names and Location Addresses Housing Animals: Include directions to each location (P.O. Box not acceptable) <input type="checkbox"/> Check this box if additional locations are listed on an additional sheet.  (b) (7)(F)	
5. County: Richmond		10. County: Richmond	
6. Telephone: 706-721-9771		11. Telephone number at this location: 706-721-3421	
7. <input type="checkbox"/> Residential address <input checked="" type="checkbox"/> Non-residential address		12. Optimal hours for inspection at this location: (days of the week and times of day) Mon-Fri - 9:00 a.m. to 5:00 p.m.	
8. EMAIL: (b) (6), (b) (7)(C)@augusta.edu		13. WEBSITE: http://www.augusta.edu/research/animal	
14. If individual, identify each owner; if partnership identify each partner or officer; if a corporation, identify principal officers; or if a research facility, identify the Institutional Official. <input type="checkbox"/> Check this box if additional persons are listed on an additional sheet.			
Name		Title	Address (full address including zip code)
(b) (6), (b) (7)(C)			1120 15th Street, Augusta, Georgia 30912
<b>Certification</b> 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 certify that to the best of my knowledge and belief, I am in compliance with 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.			
15. Signature (b) (6), (b) (7)(C)		16. Name and title (type or print)	17. Date signed 12/23/2020

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