

<p>21-02184-000014</p> <p>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.</p>		USDA USE ONLY	OMB APPROVED 0579-0036																		
<p>Applicant should send completed form to this address:</p> <p>USDA/APHIS/AC 2150 Centre Ave. Building B, Mailstop 3W11</p>		<p>Certificate Number and Customer Number: 58-R-0012</p> <p>Renewal Date: 28 - Nov- 2020</p>																			
<p>United States Department of Agriculture Animal and Plant Health Inspection Service APPLICATION FOR REGISTRATION UPDATE (TYPE OR PRINT)</p>																					
<p><i>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).</i></p>																					
<p>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</p>																					
<p>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 _____</p>																					
<p>3. Type of public: (select one) <input type="checkbox"/> State, Local, Tribal Government <input type="checkbox"/> Business Or Other For-Profit <input checked="" type="checkbox"/> Not-For-Profit Institution <input type="checkbox"/> Farm <input type="checkbox"/> Foreign Or Domestic Federal Government <input type="checkbox"/> Individual Or Household</p>																					
<p>4. Name of Registrant and Mailing Address: (See Instructions) FAMU College of Pharmacy 1700 Lee Hall Drive 410 Foote Hilyer Administrative Center Tallahassee, FL 32307-3800</p>		<p>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. <div style="background-color: black; color: red; font-size: 24px; text-align: center; padding: 10px;">(b) (6), (b) (7)(C)</div> </p>																			
<p>5. County: <div style="text-align: center;">Leon, Gasden and Hernando</div> </p>		<p>10. County: <div style="text-align: center;">United States</div> </p>																			
<p>6. Telephone: <div style="text-align: center;">850-412-5102</div> </p>		<p>11. Telephone number at this location: <div style="text-align: center;">850-599-3214</div> </p>																			
<p>7. <input type="checkbox"/> Residential address <input checked="" type="checkbox"/> Non-residential address</p>		<p>12. Optimal hours for inspection at this location: (days of the week and times of day) <div style="text-align: center;">8:00 a.m. - 5:00 p.m. Mon - Fri</div> </p>																			
<p>8. EMAIL: <div style="text-align: center;">sponsor@fam.u.edu</div> </p>		<p>13. WEBSITE: <div style="text-align: center;">www.fam.u.edu/Research</div> </p>																			
<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Title</th> <th style="width: 34%;">Address (full address including zip code)</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="height: 100px; vertical-align: middle; text-align: center; font-size: 24px; color: red;">(b) (6), (b) (7)(C)</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name	Title	Address (full address including zip code)	(b) (6), (b) (7)(C)														
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(b) (6), (b) (7)(C)																					
<p style="text-align: center;">Certification</p> <p>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.</p>																					
<p>15. <div style="background-color: black; color: red; font-size: 24px; text-align: center; padding: 10px;">(b) (6), (b) (7)(C)</div></p>		<p>17. Date signed <div style="text-align: center;">11-30-2020</div> </p>																			