

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 <b>APPLICATION FOR REGISTRATION</b> (TYPE OR PRINT)  <b>REGISTRATION UPDATE</b>		<b>USDA USE ONLY</b> 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						
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>CERTIFICATE NO./CUST NO:</b></td> <td><b>RENEWAL DATE</b></td> </tr> <tr> <td>65-R-0102</td> <td>15-Dec-2020</td> </tr> <tr> <td>844</td> <td></td> </tr> </table>	<b>CERTIFICATE NO./CUST NO:</b>	<b>RENEWAL DATE</b>	65-R-0102	15-Dec-2020	844	
<b>CERTIFICATE NO./CUST NO:</b>	<b>RENEWAL DATE</b>							
65-R-0102	15-Dec-2020							
844								
<b>1. REGISTRANT (Name and permanent mailing address, including Zip Code)</b> University of Mississippi Medical Center 2500 N. State Street Jackson, MS 39216  COUNTY: <sup>HINDS</sup> TELEPHONE (601) 984-1385		<b>2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES</b> <i>(Use additional sheets if necessary)</i> 2500 N. State St. Jackson, MS 39216 County: Hinds						
<b>3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)</b>		<b>4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:</b>						
<b>5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6. TYPE OF REGISTRATION:</b> <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							
<b>7. FEDERAL FUND TYPES:</b> <input checked="" type="checkbox"/> Award <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Loan	<b>8. TYPE OF ORGANIZATION:</b> <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other (Specify) Academic Biomedical Research							
<b>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)</b>								
<b>A. NAME</b>	<b>B. TITLE</b>	<b>C. ADDRESS (full address, including ZIP Code)</b>						
(b) (6), (b) (7)(C)		University of Mississippi Medical Center						
(b) (6), (b) (7)(C)		2500 N. State Street						
(b) (6), (b) (7)(C)		Jackson, MS 39216-4505						
<b>CERTIFICATION</b>								
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>10. SIGNATURE</b> (b) (6), (b) (7)(C)	<b>12. DATE SIGNED</b> 12/1/20							