Every research facility, exhibitor, carrier, and intermediate handler not required to b Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). T 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:	RENEWAL DATE
		65-R-09	506	
REGISTRANT (Name and permanent mailing address, including Zip Code)		2. LOCATION ISLOF BUSINESS, EXHIBITION SITE(s), OR RESEARCH FACILITIES (Use additional sheets if necessary)		
Hinds Community College Wet Tech Po. Box 1160 Restrand 18 38154 COUNTY TELEPHONE		(b) (7)(F)		
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)	1	4. (B) ACTIVE USDA CE	RTIFICATE NUMBER(S) IN	WHICH YOU HAVE AN INTEREST:
Ma		Mr		
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT 6. TYPE OF REGIS				
RESEARCH, TESTS, OR EXPERIMENTS		chibitor	Class H − Interm	ediate Handler
☐ Yes 🕅 No Class R - Research Facility ◇ Class T - Carrie				
7. FEDERAL FUND TYPES:	IZATION:			
♦ Award ♦ Contract ♦ Grant ♦ Loan ♦ Partnership ♦ Corporation ♦				vidual
MA Other (Specify) Community College Program				
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. TIT	Charles and the same and the same and		ADDRESS (full address, ledus	sing ZIP Code)
(b) (6), (b) (7	7)(C	Po. Box	1100 Reying 1100 Reying	on 1/15 39154 on 1/15 39154

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I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler ut to the best of my knowledge. I hereby acknowledge receipt of and agree to comply will 8 years of age or older.		Act, 7 U.S.C., 2131 et seq. a		
10. (b) (c) (b) (7)(c)	7		0	12. DATE SIGNED

ACKNOWLEDGEMENT OF RECEIPT OF RESULT

11/20/209

APHIS FORM 7011 (FEB 2009)