

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 APPLICATION FOR REGISTRATION (TYPE OR PRINT) REGISTRATION UPDATE		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	
		CERTIFICATE NO./CUST NO: 71-R-0104, 8977	RENEWAL DATE 31 Aug 2020
1. REGISTRANT (Name and permanent mailing address, including Zip Code) University of the Ozarks 415 N. College Ave Clarksville, AR 72830 COUNTY: Johnson PHONE 479-979-1361		2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary) (b) (7)(F) 415 N. College Ave Clarksville, AR 72830 Co: Johnson	
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)		4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST: 71-R-0198	
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. TYPE OF REGISTRATION: <input type="checkbox"/> Class E - Exhibitor <input type="checkbox"/> Class H - Intermediate Handler <input type="checkbox"/> Class R - Research Facility <input type="checkbox"/> Class T - Carrier	
7. FEDERAL FUND TYPES: <input type="checkbox"/> Award <input type="checkbox"/> Contract <input type="checkbox"/> Grant <input type="checkbox"/> Loan		8. TYPE OF ORGANIZATION: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other (Specify) <u>Private University</u>	
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. TITLE	C. ADDRESS (Full address, including ZIP Code)	
(b) (6), (b) (7)(C)		415 N. College Ave Clarksville, AR 72830	
		415 N. College Ave Clarksville, AR 72830	

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) (6), (b) (7)(C)	12. DATE SIGNED 11/19/20
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APHIS FORM 7011
(FEB 2008)