

265

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	
<p>U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</p> <p>APPLICATION FOR REGISTRATION (TYPE OR PRINT)</p> <p>REGISTRATION UPDATE</p>		<p>USDA USE ONLY</p> <p>Applicant should send completed form to this address. USDA APHIS ANIMAL CARE EASTERN 2150 Centre Ave. Building E, Mailstop #3W11 Fort Collins, CO 80526-8117 (970) 494-7478</p>	
		<p>CERTIFICATE NO./CUST NO: 13-R-0009 265</p>	<p>RENEWAL DATE 10-Sep-2020 10 SEP 2023</p>
<p>1. REGISTRANT (Name and permanent mailing address, including Zip Code)</p> <p>Vermont Technical College 124 Admin Drive Randolph Center, VT 05061</p> <p>COUNTY: Orange TELEPHONE () -</p>		<p>2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary)</p> <p>Vermont Technical College (b) (7)(F) Randolph, VT 05061 County: Orange</p>	
<p>3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)</p> <p>N/A</p>		<p>4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:</p> <p>13-R-0009</p>	
<p>5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>6. TYPE OF REGISTRATION:</p> <p><input checked="" 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</p>	
<p>7. FEDERAL FUND TYPES:</p> <p><input type="checkbox"/> Award <input type="checkbox"/> Contract <input type="checkbox"/> Grant <input type="checkbox"/> Loan</p>		<p>8. TYPE OF ORGANIZATION:</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other (Specify) <u>non profit educational institute</u></p>	
<p>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)</p>			
A. NAME	B. TITLE	C. ADDRESS (full address, including ZIP Code)	
(b) (6), (b) (7)(C)		PO Box 500 Randolph Ctr, VT 05061	
		PO Box 500 Randolph Ctr, VT 05061	
		PO Box 500 Randolph Ctr, VT 05061	
		PO Box 500 Randolph Ctr, VT 05061	

CERTIFICATION

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.

10. SIGNATURE

(b) (6), (b) (7)(C)

12. DATE SIGNED

10/6/2020