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: 52-R-0124	RENEWAL DATE	
			4-Oct-2020	
		493		
1. REGISTRANT (Name and permanent mailing address, including Zip Code)		2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(s), OR RESEARCH FACILITIES		
Virginia Commonwealth University		(Use additional sheets if necessary)		
Division Of Animal Resources 1101 E Marshall St		Division Of Animal Resources 1101 E Marshall St		
Richmond, VA 23298		Richmond, VA 23298 County: Richmond		
COUNTY: Richmond City TELEPHONE (804) 827 - 2262				
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)		4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:		
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT 6. TYPE OF REGIS				
RESEARCH, TESTS, OR EXPERIMENTS		chibitor $\diamond$ Class H – Intermediate Handler		
		esearch Facility		
7. FEDERAL FUND TYPES: 8. TYPE OF ORGAN				
			dividual	
Other (Specify) University				
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)				
		C. ADDRESS (full address, inc	luding ZIP Code)	
(b) (6), (b) (7)(C		(b) (7)(F)		
		1101 E. Marshall Street, Richmond, VA 23298		

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.DalgNATHREY:	11. NAME AND TITLE (Type or Print)	12. DATE SIGNED
(b) (6), (b) (7)(C)		9/16/2020
4FBB619E098F4DB	ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS	

APHIS FORM 7011 (FEB 2009)