



Math and Science Division  
Veterinary Technology Program  
Warf Building Room 100  
1480 Nashville Pike  
Gallatin, TN 37066

March 15, 2019

Raleigh, NC Office  
USDA/APHIS/AC  
920 Man Campus Drive Suite 200  
Raleigh, NC 27606-5210

RE:  
Customer Number: 329851  
Registration Number: 63-R-0124  
Organization Name: Volunteer State Community College

To Whom It May Concern:

Please remove Doug Shaw DVM and Philip Clifford from the contact persons on this customer account. Also, please remove Nancy Morris as an Institutional Officer.

Please add K. Hope Wright, DVM as the contact person for this organization. Dr. Wright is the Attending Veterinarian for Volunteer State Community College. The address is still 1480 Nashville Pike Math and Science Department, Gallatin, TN, 37066. Dr. Wright's phone number is 615-230-3279.

Sincerely,

Thomas Ekman, Ph.D.  
Institutional officer  
Dean, Division of Mathematics and Science

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>USDA USE ONLY</b> Applicant should send completed form to this address. USDA APHIS ANIMAL CARE EASTERN 920 Main Campus Drive Suite 200 Raleigh, NC 27606-6210 (919) 855-7100	
<b>REGISTRATION UPDATE</b>		<b>CERTIFICATE NO./CUST NO:</b> 63-R-0124  329851	<b>RENEWAL DATE</b> 2-May-2019
1. REGISTRANT (Name and permanent mailing address, including Zip Code) Volunteer State Community College 1480 Nashville Pike Gallatin, TN 37066  COUNTY: Sumner TELEPHONE (615) 230 - 3262		2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary) 1480 Nashville Pike Gallatin, TN 37066 County: Sumner	
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)		4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:	
6. 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>State Education</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)	
K Hope Wright, DVM	Program Director Vet Tech. PI	Vol State 1480 Gallatin, PK Gallatin, TN 37066	
Tom Ekman, PhD	Dean Math & Science IO	Vol State 1480 Gallatin, PK, Gallatin, TN 37066	

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 	11. NAME AND TITLE (Type or Print) Thomas A. Ekman, Dean & IO	12. DATE SIGNED 4/15/2019
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ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS