

327455

According to the paperwork reduction act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete the information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.	USDA USE ONLY	OMB APPROVED 0579-0036
	Applicant should send completed form to this address: USDA/APHIS/AC 2150 Centre Ave. Building B, Mailstop 3W11	
	Certificate Number and Customer Number: 23-R-0186 327455	Renewal Date: <u>1/11/2024</u> <i>AMS</i> Jan 14 2021

**United States Department of Agriculture
Animal and Plant Health Inspection Service
APPLICATION FOR REGISTRATION UPDATE
(TYPE OR PRINT)**

Every research facility, carrier, and intermediate handler not required to be licensed under 7 U.S.C. 2133, shall register with the USDA (7 U.S.C. 2136). The registration shall be updated every 3 years. (9 C.F.R §2.30).

1. **Type of registration requested:**
 Intermediate Handler Carrier Research Facility Federal Research Facility Agricultural Research Facility Veterans' Administration

2. **Type of organization:**
 Individual Corporation Partnership University LLC Sole Proprietor Trust Other _____

3. **Type of public: (select one)**
 State, Local, Tribal Government Business Or Other For-Profit Not-For-Profit Institution Farm Foreign Or Domestic Federal Government
 Individual Or Household

4. **Name of Registrant and Mailing Address: (See Instructions)**
 Lancaster County Career and Technology Center
 1730 Hans Herr Drive
 Willow Street PA 17584

9. **All Business Names and Location Addresses Housing Animals:**
 Include directions to each location (P.O. Box not acceptable)
 Check this box if additional locations are listed on an additional sheet.

5. **County:** Lancaster

10. **County:**

6. **Telephone:** 717-464-7050 ext 7137

11. **Telephone number at this location:**

7. Residential address Non-residential address

12. **Optimal hours for inspection at this location: (days of the week and times of day)**
 M, T, W, Th, F 8AM-4PM

8. **EMAIL:** (b)(6), (b)(7)(C)@lancasterctc.edu; (b)(6), (b)(7)(C)@lancasterctc.edu

13. **WEBSITE:** https://lancasterctc.edu/

14. If individual, identify each owner; if partnership identify each partner or officer; if a corporation, identify principal officers; or if a research facility, identify the Institutional Official.
 Check this box if additional persons are listed on an additional sheet.

Name	Title	Address (full address including zip code)
(b)(6), (b)(7)(C)		1730 Hans Herr Drive, Willow Street PA 17584

Certification

I hereby register as a research facility, 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 certify that to the best of my knowledge and belief, I am in compliance with 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.

15. **Signature:** (b)(6), (b)(7)(C)

16. **Name and title (type or print):**

17. **Date signed:** Jan 14, 2021