U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES
Public Health Service

APPLICATION FOR PERMIT TO IMPORT OR TRANSPORT ETIOLOGIC AGENTS, HOSTS, OR VECTORS OF HUMAN DISEASE

FORM APPROVED
OMB NO. 0920-0199
EXP DATE 08/31/2006

Read instructions before completing. Answer all items completely and type or print in ink. Let us know if you have already faxed your application. Use additional sheets if necessary. Complete and submit original signed application to: Centers for Disease Control and Prevention, Etiologic Agent Import Permit Program, 1600 Clifton Road NE, Mailstop E-79, Atlanta, GA 30333; Telephone: 404-498-2260; FAX: 404-498-2275.

SECTION A - PERSON REQUESTING PERMIT IN U.S.A.

1.Last Name of Permittee (Applicant)	2. First	3. MI	4. Organization

5. Address (NOT a post office box)	6. City	7. State	8. Zip Code

9. Telephone	10. FAX	11. E-mail

SECTION B - SENDER OF MATERIAL

1. Last Name of Sender	2. First	3. MI	4. Organization

5. Address (NOT a post office box)	6. City	7.State/Prov	8. Postal Code	9. Country

10. Telephone	11. FAX	12. E-mail

SECTION C - DESCRIPTION OF MATERIAL

1. Provide a detailed description of the material (Check here if additional sheets are attached):

2. Country of origin of the material:

3. Address where the human pathogen is to be used if different from Section A (NOT a post office box):	4. City	5. State	6. Zip Code

7. Is the material known or suspected to contain human or animal pathogens? Yes ☐ No ☐
(*If no, then see instructions: an importpermit may not be required*)

8. If yes, give the name of the etiologic agent(s) known or suspected to be present:

9. Natural host(s) for this etiologic agent(s):

10. Type of material: ☐ Fluids or tissues (List species samples are from:)
☐ Isolate(s) ☐ Bacterial toxin(s) ☐ Host or vector
☐ Other (*Describe*):

11. Does this material contain a select agent (specified in 42 C.F.R. Part 73)? Yes ☐ No ☐
If yes, provide your CDC or APHIS facility registration number: Expiration date of registration:

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12 Are these materials for laboratory use only? Yes ☐ No ☐
If no, will the materials be used for the production of biologics for humans or animals? Yes ☐ No ☐

13. Estimated completion date of work:

14. Proposed use of material: ☐ Research ☐ Diagnostics ☐ Production ☐ Other (*Describe:*)

15. Describe objectives of work (Additional sheets attached):

16. Final disposition of material(s) after completion of work:
☐ Long-term storage onsite ☐ Transfer to another location (*Describe:*)
☐ Destroyed on site (*Method of destruction:*)
☐ Other (*Describe:*)

SECTION D - TYPE OF PERMIT AND SHIPMENT INFORMATION

1. Importation into U.S.: Single ☐ Multiple ☐ No. of shipments expected to be made within the next 12 months:

2. Transfer within the U.S.: Single ☐ Multiple ☐ None ☐
No. of shipments expected to be made within the next 12 months:

3. U.S. port(s) of entry (if known):

4. Total volume (indicate units, ml, mg, liter):

SECTION E - ISOLATION AND CONTAINMENT FACILITIES AND TECHNICAL PERSONNEL

1. Description of applicant laboratory facilities and equipment (☐ Check here if additional sheets are attached):

2. Biosafety level (*See instructions*): Biosafety level 1 ☐ Biosafety level 2 ☐ Biosafety level 3 ☐ Biosafety level 4 ☐

3. Describe the qualifications and experience of technical personnel handling the material (☐ Additional sheets attached):

I hereby certify that the information submitted in this application is complete and accurate to the best of my knowledge and belief. I agree to comply with the conditions listed in the application and all restrictions and precautions that may be specified in the permit, in addition to all applicable regulations which govern this transfer. I understand that failure to comply with the importation requirements may subject me to criminal penalties pursuant to 42 U.S.C. 271. I understand that any false statement made in this application may subject me to criminal penalties pursuant to 18 U.S.C. 1001.

SECTION F - SIGNATURE OF PERMITTEE

1. APPLICANT (Print Name)	2. SIGNATURE:	3. TITLE:	4. DEGREE(S)	5. DATE SIGNED (dd/mm/yyyy)

Public recording burden of this collection of information is estimated to average 20 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-0199)