



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

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 A-46, Atlanta, GA 30333; Telephone: 404-718-2077; FAX: 404-718-2093.

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 (<i>Check here if additional sheets are attached for multiple senders</i>)	
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 (<i>Check here if additional sheets are attached</i>):				
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 pathogens? Yes No (<i>If no, then see instructions: an import permit may not be required</i>)				
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 (<i>Describe</i>): _____				
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 (<i>Describe:</i> _____)		
15. Describe objectives of work (<i>Additional sheets attached</i>):		
16. Final disposition of material(s) after completion of work: Long-term storage onsite Transfer to another location (<i>Describe:</i> _____) Destroyed on site (<i>Method of destruction:</i> _____) Other (<i>Describe:</i> _____)		

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, containment equipment, and personal protective equipment (<i>Additional sheets attached</i>):
2. Biosafety level (<i>See instructions</i>): Biosafety level 1 Biosafety level 2 Biosafety level 3 Biosafety level 4
3. Describe the qualifications, experience, and training of technical personnel handling the material (<i>Additional sheets attached</i>):

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 (MM/DD/YYYY)
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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)