CAUTION:

IF YOU ARE USING A PUBLIC ACCESS COMPUTER, (I.E., PUBLIC LIBRARY, ETC.) BE CERTAIN YOU DRAG THIS FORM TO THE TRASH CAN AND EMPTY THE TRASH WHEN FINISHED.

THIS WILL PREVENT UNAUTHORIZED ACCESS TO PERSONAL INFORMATION SUCH AS YOUR NAME, HOME ADDRESS, AND SOCIAL SECURITY NUMBER.

Released 07/15/99.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Centers for Disease Control
Office of Health and Safety
Atlanta, Georgia 30333
404-639-3883

Form Approved
OMB No. 0920-0199
Expiration Date: 7/31/92

FAX #: 404-639-2294

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

INSTRUCTIONS: Complete and submit original signed copy to:
Centers for Disease Control, Attn: Office of Health and Safety, Atlanta, Georgia 30333

USE ADDITIONAL SHEETS IF NECESSARY

1. PERSON REQUESTING PERMIT	NAME, ORGANIZATION, ADDRESS, PHONE:	
2. SOURCE OF MATERIAL	NAME OF SENDER, ORGANIZATION, ADDRESS:	
3. DESCRIPTION OF MATERIAL	NAME, ORIGINAL GEOGRAPHIC AND HOST SOURCE AND CULTURE HISTORY OF AGENT OR VECTOR:	
4. TYPE OF PERMIT REQUESTED	IMPORTATION INTO U.S.: ☐ Single ☐ Multiple No. of shipments expected to be made within the next 12 months period _____	TRANSFER WITHIN THE U.S.: ☐ Single ☐ Multiple
5. SHIPMENT INFORMATION	METHOD OF TRANSPORT: ☐ Mail ☐ Air Freight ☐ Hand Carry ☐ Other _____	U.S. PORT(S) OF ARRIVAL:
6. QUANTITY OF MATERIAL TO BE IMPORTED	INDICATE VOLUME AND TYPE OF INDIVIDUAL CONTAINERS: (Reference 42 CFR 72)	
7. PROPOSED USE OF MATERIAL	INDICATE OBJECTIVES AND PROPOSED PLAN OF WORK; COMPLETION DATE; FINAL DISPOSITION OF MATERIAL(S):	
8. ISOLATION AND CONTAINMENT FACILITIES	DESCRIBE AVAILABLE FACILITIES:	
9. TECHNICAL PERSONNEL	QUALIFICATIONS AND EXPERIENCE OF TECHNICAL PERSONNEL:	

I certify that the material(s) will be used in accordance with all Restrictions and Precautions as may be specified in the Permit(s).

10. APPLICANT	SIGNATURE:	DEGREE(S):	11. TITLE:	12. DATE SIGNED:

CDC 0.753 (Formerly 13.29)
REV. 9-91