



**APPLICATION FOR PERMIT TO IMPORT OR
TRANSPORT LIVE BATS**

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 – SOURCE OF BATS							
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 BATS							
Indicate Species of Bats and Total or Maximum Number to be Imported (<i>Additional sheets attached</i>):							
1. Genus/Species of Bat	2. Common Name of Bat Species		3. Family	4. Total or Maximum Number of Bats			
5. Wild-caught (indicate where bats were obtained, e.g., name of cave, game reserve, town, or province: _____) Captive bred							
6. Proposed use of bats: Education Exhibition Scientific Other (Describe: _____) Note: If use is "scientific research," attach research proposal and IACUC documentation							
7. Describe how bats will be used (<i>Additional sheets attached</i>):							
8. Estimated completion date of work:			9. Will animals be captive bred? Yes No				
10. Intended final disposition: Euthanasia Transfer Institutional use in perpetuity							

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SECTION D – TYPE OF PERMIT AND SHIPMENT INFORMATION	
1. Importation into U.S. Transfer within the U.S	2. U.S. port(s) of entry (if known):
3. Size of transport container(s):	4. Number of bats per container(s):
5. Method of transport: Air Surface Other (Explain: _____)	

SECTION E – ISOLATION AND CONTAINMENT FACILITIES AND TECHNICAL PERSONNEL			
1. Description of applicant 180- day quarantine laboratory facilities and equipment (<input type="checkbox"/> <i>Additional sheets attached</i>):			
Biosafety level of 180-day quarantine facility (<i>See instructions</i>): Biosafety level 1 Biosafety level 2 Biosafety level 3 Biosafety level 4			
2. Description of applicant post-quarantine housing (<input type="checkbox"/> <i>Additional sheets attached</i>):			
Biosafety level of post-quarantine facility (<i>See instructions</i>): Biosafety level 1 Biosafety level 2 Biosafety level 3 Biosafety level 4			
3. Name of attending Veterinarian:		4. Affiliation	
5. Address (NOT a post office box)		6. City	7. State
		8. Zip Code	
9. Telephone	10. FAX	11. E-mail	
12. Describe the qualifications and experience of technical personnel handling the bats (<input type="checkbox"/> <i>Additional sheets attached</i>):			
13. Have all personnel that will be working with bats received rabies immunizations? Yes No (If no, explain: _____)			

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/yy)

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)



GUIDANCE DOCUMENT FOR THE APPLICATION FOR PERMIT TO IMPORT OR TRANSPORT LIVE BATS

Importation permits are issued by the Etiologic Agent Import Permit Program at the Centers for Disease Control and Prevention (CDC) after review of a completed application form. The regulation, application, and instructions can be found at the CDC website (<http://www.cdc.gov/od/eaipp/>). Completed application forms may be returned to the CDC, Etiologic Agent Import Permit Program by FAX (FAX: 404-718-2093) or by mail to:

Centers for Disease Control and Prevention
Etiologic Agent Import Permit Program
1600 Clifton Road, N.E. Mailstop A-46
Atlanta, GA 30333

Please note the following:

- Currently there is no fee for processing a U.S. Public Health Service import permit.
- At least 30 working days are required to process live bat import permit applications, renewals and modifications.
- A separate import permit application must be submitted for each transfer event. This includes importation into the United States, transfer of bats from one address in the United States to another United States address, or transfer of possession (regardless if bats change location).
- Import permit applications, renewals and modifications are processed in the order they are received. Requests for expediting permits will be handled on a case by case basis and only for documented emergencies.
- Incomplete or illegible applications will result in significant delays and/or denial of a permit. Applications may be typed or handwritten. However, if handwritten, applications must be legible. Applications will be returned without action if incomplete or illegible.
- Attach additional sheet(s), noting the section number, if more space is needed.

Section A. Enter the complete name, telephone, FAX number and address of the institution requesting the permit as well as the parties within it, who will be directly responsible for carrying out the provisions of the permit. The responsible parties must be: (1) Knowledgeable and skilled in the handling of the bats; (2) Directly responsible for work to be performed with the bats; (3) Sufficiently trained in zoonotic disease control to supervise import quarantine isolation and testing (requires an attending licensed veterinarian); (4) Able to institute and enforce appropriate preventive occupational health measures; (5) Able to recognize and diagnose diseases which are of potential human or veterinary public health significance; and, (6) Responsible for prompt reporting to CDC of any disease conditions recognized.

The requesting institution and responsible parties must be located at the address within the United States where work with the bats will be performed. A licensed veterinarian must be responsible for animal care and disease control for any bats held for more than 48 hours after arrival at the importing facility.

SECTION B. Enter complete name, address, telephone and FAX numbers of the sender. A different application must accompany each source.

SECTION C. Give the scientific and common names of the bats to be imported or transferred. State the intended use(s), e.g., education, exhibition, or scientific and complete as indicated.

SECTION D. Permits are valid for six months. A separate import permit application must be submitted for each transfer event. Size of the container(s) used in the transport of bats and the number of bats per container must be specified or the permit will not be issued.

SECTION E. Indicate the biosafety level of the laboratory, quarantine facility, any post-quarantine holding facilities where the bats will be housed, and any other location where subsequent research or diagnostic work will occur. Indicate the biosafety level of the laboratory where the work will occur and any other information pertinent to available facilities. Definitions of biosafety levels should follow that published in the publication "Biosafety in Microbiological and Biomedical Laboratories" (BMBL). The BMBL is available on the internet at

<http://www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm>. Provide information pertinent to documentation of the biosafety level of the facilities. Animal Biosafety Level 2 facilities and procedures are the minimum standard acceptable for import quarantine of any live animals, and higher levels may be required depending on the etiologic agents of concern in source countries and source bat populations.

All imported bats must undergo a quarantine period of at least 6 months for rabies. All imported bats (and transferred bats not isolated and tested prior to shipment) shall be tested, examined, and treated for any diseases and ectoparasites during the quarantine period.

Indicate professional credentials (MD, DVM, PhD, etc.), position (professor, research fellow, clinician, etc.) and institutional affiliations (AAALAC-accredited research institution, AZA-accredited zoo or AZA-affiliated species survival conservation center, diagnostic reference laboratory, etc.) for each of the responsible persons named in Section A.

SECTION F. Type or print your name legibly in the appropriate space and sign name in the indicated space. *The application must be signed by the same person listed in Section A, or the permit application will not be processed.* Type or print the title and degree of the applicant and the date that the application is signed.