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| 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 0579-0013. The time required to complete this information collection is estimated to average 0.2 hours 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. | | | | | | | | OMB Approved  0579-0013  EXP. DATE XX/XXXX |
| This report is required by regulations (9 CFR 102.4 and 114.7). Failure to report can result in suspension or revocation of establishment license. | | | | | | | | |
| U.S. DEPARTMENT OF AGRICULTURE  ANIMAL AND PLANT HEALTH INSPECTION SERVICE  VETERINARY SERVICES  CENTER FOR VETERINARY BIOLOGICS  **QUALIFICATIONS OF VETERINARY BIOLOGICS PERSONNEL**  *(See instructions on attached page.)* | | | | | | 1. NAME OF EMPLOYEE (*Last, first, middle)* | | |
| **2. EDUCATION** | | | | | | | | |
| NAME OF HIGH SCHOOL, COLLEGE  OR UNIVERSITY  (A) | NUMBER OF  YEARS  COMPLETED  (B) | DATES ATTENDED | | MAJOR SUBJECTS  (E) | DEGREE  (F) | | DATE CONFERRED  (G) | |
| From  (C) | To  (D) |
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| **3. BIOLOGICS WORK EXPERIENCE** | | | | | | | | |
| NAME AND ADDRESS OF  ESTABLISHMENT  (A) | ESTAB. LIC.  NUMBER  (*if known)*  (B) | PERIOD | | TITLE OF  POSITION HELD  (E) | RELATED WORK PERFORMED  (*If more space is needed, attach sheet)*  (F) | | | |
| From  (C) | To  (D) |
|  |  |  | Present |  |  | | | |
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| (*See Privacy Act Notice*  *at bottom of form.)* | 4. SIGNATURE OF EMPLOYEE | | | | 5. DATE PREPARED | | | |

APHIS FORM 2007 Previous editions are obsolete.

OCT 2011

**PRIVACY ACT NOTICE**

The information requested on this form will not be retrieved from our files by using your name or personal identifier and is therefore, in the opinion of this agency, not subject to provisions of the Privacy Act of 1974. However, in keeping with the spirit and intent of the Privacy Act we are informing you of the following:

**Authority:** 9 CFR Section 114.7(a)

**Purpose:** That compliance with the Act and applicable regulations be under supervision of person(s) competent in the preparation of biological

products.

**Routine uses:** To determine that the responsible person(s) producing biological products are qualified by training and experience and have

demonstrated fitness to produce such products in compliance with the Act.

**Effects of Failure to Furnish Information:**

Failure to report can result in suspension or revocation of establishment license. Failure to provide the requested personal information will results in no personal penalties or adverse consequences.

**INSTRUCTIONS FOR COMPLETING APHIS FORM 2007**

This form shall be completed for each supervisory employee responsible for essential steps in production, testing, and initial

distribution of biological products. Submit one copy to CVB.

**Item 1 -** Self-explanatory

**2** - "High school" need not be listed if education includes at lest one year in an accredited college or university

requiring a high school diploma for admission.

**3A** - List present position first and work back.

**3B -** Self-explanatory

**3C & D** - Show length of time in each position, including present position

**3E** - Use official title from company records. If that title is not descriptive, add a descriptive title and identify with

the initials "DT" (descriptive title).

**4 & 5** - Self-explanatory