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



CONTINUATION PAGE FOR APPLICATION FOR PERMIT TO IMPORT INFECTIOUS BIOLOGICAL AGENTS INTO THE UNITED STATES

FORM APPROVED OMB NO. 0920-0199 EXP DATE xxxx

Continuation Page of continuation pages

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| **SECTION A continuation (Other Persons Authorized to use Permit)** | | | | | | | | |
| **Permittee #2** | | | | | | | | |
| 1. Permittee’s Last Name | 2. First Name | | | 3. MI | 4. Permittee’s Organization | | | |
| 5. Physical Address *(NOT a post office box)* | | | 6. City | | | | 7. State | 8. Zip Code |
| 9. Permittee’s Telephone Number | | 10. Permittee’s Fax Number | | | | 11. Permittee’s Email | | |
| 12. Secondary Contact’s Name | | 13. Secondary Contact’s Telephone Number | | | | 14. Secondary Contact’s Email | | |
| 15. Will this individual be hand carrying the imported biological agent? Yes No | | | | | | | | |
| **Permittee #3** | | | | | | | | |
| 1. Permittee’s Last Name | 2. First Name | | | 3. MI | 4. Permittee’s Organization | | | |
| 5. Physical Address *(NOT a post office box)* | | | 6. City | | | | 7. State | 8. Zip Code |
| 9. Permittee’s Telephone Number | | 10. Permittee’s Fax Number | | | | 11. Permittee’s Email | | |
| 12. Secondary Contact’s Name | | 13. Secondary Contact’s Telephone Number | | | | 14. Secondary Contact’s Email | | |
| 15. Will this individual be hand carrying the imported biological agent? Yes No | | | | | | | | |
| **Permittee #4** | | | | | | | | |
| 1. Permittee’s Last Name | 2. First Name | | | 3. MI | 4. Permittee’s Organization | | | |
| 5. Physical Address *(NOT a post office box)* | | | 6. City | | | | 7. State | 8. Zip Code |
| 9. Permittee’s Telephone Number | | 10. Permittee’s Fax Number | | | | 11. Permittee’s Email | | |
| 12. Secondary Contact’s Name | | 13. Secondary Contact’s Telephone Number | | | | 14. Secondary Contact’s Email | | |
| 15. Will this individual be hand carrying the imported biological agent? Yes No | | | | | | | | |
| **Permittee #5** | | | | | | | | |
| 1. Permittee’s Last Name | 2. First Name | | | 3. MI | 4. Permittee’s Organization | | | |
| 5. Physical Address *(NOT a post office box)* | | | 6. City | | | | 7. State | 8. Zip Code |
| 9. Permittee’s Telephone Number | | 10. Permittee’s Fax Number | | | | 11. Permittee’s Email | | |
| 12. Secondary Contact’s Name | | 13. Secondary Contact’s Telephone Number | | | | 14. Secondary Contact’s Email | | |
| 15. Will this individual be hand carrying the imported biological agent? Yes No | | | | | | | | |

CDC Form 0.753 (Continuation), Revised January 2014