



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

Continuation Page \_\_\_\_ of \_\_\_\_ continuation pages

SECTION A continuation (Other Persons Authorized to use Permit)							
<b>Permittee #2</b>							
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? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Permittee #3</b>							
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? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Permittee #4</b>							
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? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Permittee #5</b>							
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? <input type="checkbox"/> Yes <input type="checkbox"/> No							