**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 xxxxx

Continuation Page of continuation pages

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| **SECTION B continuation (Additional Senders of Imported Biological Agents)**  **Sender #2** | | | | | | | | | |
| 1. Sender’s Last Name | | 2. First Name | | 3. MI | 4. Organization | | | | |
| 5. Physical Address Outside of the U.S. *(NOT a post office box)* | | | 6. City | | | 7. State/Prov. | | 8. Country | 9. Postal Code |
| 10. Telephone | 11. Fax | | | | | | 12. Email | | |
| **Sender #3** | | | | | | | | | |
| 1. Sender’s Last Name | | 2. First Name | | 3. MI | 4. Organization | | | | |
| 5. Physical Address Outside of the U.S. *(NOT a post office box)* | | | 6. City | | | 7. State/Prov. | | 8. Country | 9. Postal Code |
| 10. Telephone | 11. Fax | | | | | | 12. Email | | |
| **Sender #4** | | | | | | | | | |
| 1. Sender’s Last Name | | 2. First Name | | 3. MI | 4. Organization | | | | |
| 5. Physical Address Outside of the U.S. *(NOT a post office box)* | | | 6. City | | | 7. State/Prov. | | 8. Country | 9. Postal Code |
| 10. Telephone | 11. Fax | | | | | | 12. Email | | |
| **Sender #5** | | | | | | | | | |
| 1. Sender’s Last Name | | 2. First Name | | 3. MI | 4. Organization | | | | |
| 5. Physical Address Outside of the U.S. *(NOT a post office box)* | | | 6. City | | | 7. State/Prov. | | 8. Country | 9. Postal Code |
| 10. Telephone | 11. Fax | | | | | | 12. Email | | |
| **Sender #6** | | | | | | | | | |
| 1. Sender’s Last Name | | 2. First Name | | 3. MI | 4. Organization | | | | |
| 5. Physical Address Outside of the U.S. *(NOT a post office box)* | | | 6. City | | | 7. State/Prov. | | 8. Country | 9. Postal Code |
| 10. Telephone | 11. Fax | | | | | | 12. Email | | |
| **Sender #7** | | | | | | | | | |
| 1. Sender’s Last Name | | 2. First Name | | 3. MI | 4. Organization | | | | |
| 5. Physical Address Outside of the U.S. *(NOT a post office box)* | | | 6. City | | | 7. State/Prov. | | 8. Country | 9. Postal Code |
| 10. Telephone | 11. Fax | | | | | | 12. Email | | |
| **Sender #8** | | | | | | | | | |
| 1. Sender’s Last Name | | 2. First Name | | 3. MI | 4. Organization | | | | |
| 5. Physical Address Outside of the U.S. *(NOT a post office box)* | | | 6. City | | | 7. State/Prov. | | 8. Country | 9. Postal Code |
| 10. Telephone | 11. Fax | | | | | | 12. Email | | |

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