



APPLICATION FOR
REGISTRATION FOR POSSESSION, USE, AND
TRANSFER OF SELECT AGENTS AND TOXINS
(APHIS/CDC FORM 1)

FORM APPROVED
OMB NO. 0579-0213
OMB NO. 0920-0576
EXP DATE 12/31/2018

Section 1A - Entity Information			
This submission is: A new registration An update to an existing registration A renewal Date: <input type="text"/>			
ENTITY INFORMATION			
Entity Application Number (e.g., CDC030001): <input type="text"/>			
Current Registration Number (e.g., A00000000-0000): <input type="text"/>			
Entity Name: <input type="text"/>			
Physical Address (NOT a post office box):		City:	State: Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Physical Address(es): <input type="text"/>			
Type Of Entity:	Academic (Private) Government (Federal)	Academic (State) Government (State/Local)	Commercial (Profit) Private (Non Profit)
RESPONSIBLE OFFICIAL INFORMATION			
Last Name: <input type="text"/>		First Name: <input type="text"/>	
DOJ Number: <input type="text"/>		Date of Birth: <input type="text"/>	
Business E-mail Address: <input type="text"/>		Tier 1 Access: <input type="checkbox"/>	
Business E-mail Address: <input type="text"/>		Title (e.g., Biosafety Officer): <input type="text"/>	
Business Telephone #: <input type="text"/>	Business Fax #: <input type="text"/>	Emergency Telephone #: <input type="text"/>	
Mailing Address (NOT a post office box):		City:	State: Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ALTERNATE RESPONSIBLE OFFICIAL INFORMATION			
Last Name: <input type="text"/>		First Name: <input type="text"/>	
DOJ Number: <input type="text"/>		Date of Birth: <input type="text"/>	
Business E-mail Address: <input type="text"/>		Tier 1 Access: <input type="checkbox"/>	
Business E-mail Address: <input type="text"/>		Title (e.g., Biosafety Officer): <input type="text"/>	
Business Telephone #: <input type="text"/>	Business Fax #: <input type="text"/>	Emergency Telephone #: <input type="text"/>	
Mailing Address (NOT a post office box):		City:	State: Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This submission is: A new registration An update to an existing registration A renewal Date:

Entity Name:

Section 1A - Entity Information

2nd ALTERNATE RESPONSIBLE OFFICIAL INFORMATION

Last Name: First Name:

DOJ Number: Date of Birth: Tier 1 Access:

Business E-mail Address: Title (e.g., Biosafety Officer):

Business Telephone #: Business Fax #: Emergency Telephone #:

Mailing Address (NOT a post office box): City: State: Zip Code:

3rd ALTERNATE RESPONSIBLE OFFICIAL INFORMATION

Last Name: First Name:

DOJ Number: Date of Birth: Tier 1 Access:

Business E-mail Address: Title (e.g., Biosafety Officer):

Business Telephone #: Business Fax #: Emergency Telephone #:

Mailing Address (NOT a post office box): City: State: Zip Code:

4th ALTERNATE RESPONSIBLE OFFICIAL INFORMATION

Last Name: First Name:

DOJ Number: Date of Birth: Tier 1 Access:

Business E-mail Address: Title (e.g., Biosafety Officer):

Business Telephone #: Business Fax #: Emergency Telephone #:

Mailing Address (NOT a post office box): City: State: Zip Code:

This submission is: A new registration An update to an existing registration A renewal Date:

Entity Name:

Section 1A - Entity Information

5th ALTERNATE RESPONSIBLE OFFICIAL INFORMATION

Last Name: First Name:

DOJ Number: Date of Birth: Tier 1 Access:

Business E-mail Address: Title (e.g., Biosafety Officer):

Business Telephone #: Business Fax #: Emergency Telephone #:

Mailing Address (NOT a post office box): City: State: Zip Code:

OWNER / CONTROLLER INFORMATION (If Applicable)

Last Name: First Name:

DOJ Number: Date of Birth: Tier 1 Access:

2nd OWNER / CONTROLLER INFORMATION (If Applicable)

Last Name: First Name:

DOJ Number: Date of Birth: Tier 1 Access:

3rd OWNER / CONTROLLER INFORMATION (If Applicable)

Last Name: First Name:

DOJ Number: Date of Birth: Tier 1 Access:

4th OWNER / CONTROLLER INFORMATION (If Applicable)

Last Name: First Name:

DOJ Number: Date of Birth: Tier 1 Access:

This submission is: A new registration An update to an existing registration A renewal Date:

Entity Name:

Section 1B - Certification of Responsibility

I hereby certify that I have been designated as the Responsible Official or the Alternate Responsible Official(s) for the institution/organization listed above, that I am authorized to bind the institution/organization, and that the information supplied in this registration package is, to the best of my knowledge, accurate and truthful. The institution/organization listed above meets the requirements specified in 42 CFR Part 73 and/or 7 CFR Part 331 and/or 9 CFR Part 121, is equipped and capable of safely and securely handling the agent(s), and will use or transfer these agents solely for purposes authorized by 42 CFR Part 73 and/or 7 CFR Part 331 and/or 9 CFR Part 121.

I understand that submission of a false statement and/or failure to comply with the provisions of the applicable regulations (42 CFR Part 73 and/or 7 CFR Part 331 and/or 9 CFR Part 121) may result in the immediate revocation of this entity's registration, a civil penalty of up to \$500,000 for each violation, and a criminal penalty and/or imprisonment up to five years for each violation. (7 USC 8401; 18 USC 175, 175B, 1001, 3559, 3571; 42 USC 262a).

Responsible Official Signature

Date

Responsible Official Name

Alternate Responsible Official Signature

Date

Alternate Responsible Official Name

2nd Alternate Responsible Official Signature

Date

2nd Alternate Responsible Official Name

3rd Alternate Responsible Official Signature

Date

3rd Alternate Responsible Official Name

4th Alternate Responsible Official Signature

Date

4th Alternate Responsible Official Name

5th Alternate Responsible Official Signature

Date

5th Alternate Responsible Official Name