

## **Guidance Document for Completing the Application for Permit to Import or Transport Live Bats**

Please review this guidance document in its entirety before completing and submitting your application to the CDC Import Permit Program (IPP). If you are faxing or emailing your application, *there is no need to send in the original by mail.*

**IMPORTANT NOTE:** If the live bats are captive bred and have not been imported from outside the United States then a CDC import permit to transport live bats is not required. Please check individual state regulations to see what additional information may be needed to transport these animals from state to state.

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## Section A – Person Requesting Permit in U.S.A. (Permittee)

Since all communication with the CDC Import Permit Program (IPP) is completed through the Permittee, it is imperative that the Permittee contact information be complete, current and accurate. If any of the *Section A* information changes, you must immediately report the change(s) to the Program by submitting a new Import Permit application amending the current contact information (i.e., fax or phone number). The EAIPP does not accept verbal change requests.

### Blocks 1-3- Permittee's Name

- Please provide the full name of the applicant.
  - For the purposes of completing the Application for Permit to Import or Transport Live Bats into the United States, the term “full name” refers to an individual's first name, middle initial(s), and last name or surname, without use of nicknames.

### Block 4- Permittee's Organization

- Please provide the complete name of your entity (corporation, partnership, sole proprietorship, etc.) under which the business conducts its operations (e.g., International Business Machine Corporation instead of IBM).
- Please do not abbreviate the organization name.

### Blocks 5-8- Physical Address

- Please provide the complete business address of the individual listed in Blocks 1-3.
- Do not use a Post Office Box address.

### Block 9-Telephone Number

- Please provide the direct dial 10-digit telephone number for the Permittee listed in Blocks 1-3; include an extension if applicable.

### Block 10- Fax Number

- Please provide the 10-digit facsimile number for the Permittee listed in Blocks 1-3.

### Block 11- E-mail Address

- Please provide the e-mail address for the Permittee listed in Blocks 1-3.
- Please print or type clearly; and ensure that you include the email domain (e.g., .org, .gov, .edu, .com, .net)

### Block 12- Secondary Contact's Name

- Please provide the full name of the Secondary Contact.
  - For the purposes of completing the Application for Permit to Import or Transfer Live Bats into the United States, the term “full name” refers to an individual's first name, middle initial(s), and last name or surname, without use of nicknames.

### **Block 13- Secondary Contact's Telephone Number**

- Please provide the direct dial 10-digit telephone number for the Secondary Contact; include an extension if applicable.

### **Block 14- Secondary Contact's E-mail Address**

- Please provide the e-mail address for the Permittee listed in Blocks 1-3.
- Please print or type clearly; and ensure that you include the email domain (e.g., .org, .gov, .edu, .com, .net)

## **Section B – Source of Bats**

### **Blocks 1-3- Sender's Name**

- Please provide the full name of the sender.
  - For the purposes of completing the application for Permit to Import Live Bats, the term “full name” refers to an individual's first name, middle initial(s), and last name or surname, without use of nicknames.
- If the sender is also the person requesting the permit, complete Blocks 1-12 with the information from the shipping address from which the live bats will be shipped.

### **Block 4- Sender's Organization**

- Please provide the complete name of the entity (corporation, partnership, sole proprietorship, etc.) under which the business conducts its operations (e.g., International Business Machine Corporation instead of IBM).
- Please do not abbreviate the organization name.

### **Blocks 5-8- Physical Address**

- Please provide the complete address of the entity.
- Do not use a Post Office Box address.

### **Block 9- Country**

- Please provide the unabbreviated country name.

### **Block 10- Telephone Number**

- Please provide the direct dial telephone number for the sender listed in Section B, Blocks 1-3; include the appropriate international prefixes and an extension, if applicable.

### **Block 11- Fax Number**

- Please provide the facsimile number for the sender listed in Section B, Blocks 1-3, if known.

### **Block 12- E-mail Address**

- Please provide the e-mail address for the sender listed in Section B, Blocks 1-3, if known.
- Please print or type clearly and ensure that you include the email domain (e.g., .org, .gov, .edu, .com, .net)

## Section C – Description of Bats

### Block 1- Genus/Species of Bat

- Please list the complete (unabbreviated) taxonomic genus and species names for the live bats to be imported.
  - Examples: *Coleura afra*, *Emballonura atrata*, *Amorphochilus schnablii*

### Block 2- Common Name of Bat Species

- Please list the complete common name for the live bats to be imported.
  - Examples: Kitti's Hog-nosed Bat, Giant Golden-crowned Flying Fox

### Block 3- Family of Bat Species

- Please list the complete family name for the live bats to be imported.
  - Examples: Family Megadermatidae, Family Furipteridae, Family Molossidae

### Block 4- Total Number of Bats

- Please provide the exact number of live bats per species anticipated to be imported or transferred into the United States.

### Block 5- Wild-Caught or Captive Bred Bats

- Please select either wild-caught or captive bred.
  - **Wild-Caught-** an animal taken directly from the wild rather than bred from captive stock.
    - If wild-caught, please indicate where the bats were obtained, e.g., name of cave, game reserve, town, etc.
  - **Captive Bred-** an animal produced in a controlled environment.
    - A controlled environment is an artificial housing that has waste removal, health care, protection from predators and artificial food supply.

**PLEASE NOTE:** Additional documentation may be requested for captive bred bats.

### Block 6- Proposed Use of Bats

- Please select one of the following:
  - **Education-** Teaching of a defined educational program or part of an educational display by a non-profit, commercial, or sole proprietor institution at a university level.
  - **Exhibition-** Use for public display, i.e. zoo, museum, etc.
  - **Scientific-** Basic or applied scientific investigation and/or experimentation following a defined protocol and other standards for research projects that is intended to advance scientific knowledge and/or to explore scientific theories/hypotheses.
  - **Other-** Any other proposed use bats that does not fall under one of the three types listed above. If “Other” is selected, please provide an explanation.
- If the proposed use of bats selected is “scientific”, please provide the research proposal and Institutional Animal Care and Use Committee (IACUC) documentation for the research.

## Block 7- Describe How Bats Will Be Used

- Please clearly and briefly describe the objectives of the work intended for the live bats being imported based on the selection from Section C Block 6.
- Also based on the selection from Section C Block 6, ensure information regarding the background, purpose, and methods of your intended work with the live bats is included.

## Block 8- Estimated Completion Date of Work

- Please provide the estimated date of completion, if known. If the date of completion is not known leave the space blank.

## Block 9- Will Animals Be Captive Bred

- Please select 'yes' or 'no'.
- If the live bats are captive bred and have not been imported from outside the United States then a CDC import permit to transport live bats is not required. Please check individual state regulations to see what additional information may be needed to transport these animals from state to state.

## Block 10- Intended Final Disposition

- Please select one of the following:
  - **Euthanasia-** the act of inducing humane death in an animal.
  - **Transfer-** Relocation of bat(s) to another facility. This address must be listed in *Section A*.
  - **Institutional use in perpetuity-** Retained until death.

## Section D – Type of Permit and Shipment Information

The CDC Import Permit is for live bats being imported into the United States (U.S.). United States means the continental United States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, American Samoa, and the Trust Territory of the Pacific Islands.

### Block 1- Importation or Transfer

- Please select one of the following:
  - **Importation into the U.S.** – Receiving live bats from outside the U.S.
  - **Transfer within the U.S.** - Shipping live bats within the U.S.

### Block 2- U.S. Port(s) of Entry

- List the port(s) of entry where the live bats are expected to enter into the U.S.
  - A “U.S. Port of Entry” means one of the 329 ports of entry designated by the U.S. Customs and Border Protection (CBP). Further information is available at <http://www.cbp.gov/xp/cgov/toolbox/contacts/ports/>.

### Block 3- Size of Transport Container(s)

- Please provide the approximate dimensions, of the live bats shipping containers (use standard metric system units).

- Please provide the total number of containers being used in the shipment.

#### **Block 4- Number of Bats per Container(s)**

- Please indicate the number of live bats housed in each container.

#### **Block 5- Method of Transport**

- Please select one of the following:
  - **Air-** The use of aircraft, predominantly airplanes, to move passengers and cargo.
    - Airplanes, hot air balloons, helicopters, etc...
  - **Surface-** The movement of people or goods by road, train, or ship.
    - Train, car, ship, etc...
  - **Other-** Any other previously undefined method of transport for live bats that does not fall under one of the two types listed above. If “Other” is selected, please provide an explanation.

### **Section E – Biosafety Measures for Facilities and Technical Personnel**

This section should contain the information describing the quarantine laboratory and post quarantine housing’s capabilities and protocols. Any incomplete or illegible entries will result in delay or denial of your application.

#### **Block 1- Description of Applicant 180-day Quarantine Laboratory Facilities and Equipment**

- Please provide a clear and concise description of the 180-day quarantine laboratory facility, the standard operating procedures, and a list of the equipment (including personal protective equipment) that will be used when dealing with the live bats.
- Please select the animal biosafety level of the 180-day quarantine laboratory facility where the live bats will be quarantined.
  - Descriptions of animal biosafety levels are published in the Biosafety in Microbiological and Biomedical Laboratories, 5<sup>th</sup> Edition (BMBL). The current version of the BMBL is available at <http://www.cdc.gov/biosafety/publications/bmbl5/index.htm>.

#### **Block 2- Description of Applicant Post-quarantine Housing**

- Please provide a clear and concise description of the post-quarantine housing that will be used for the live bats, including the standard operating procedures, and any personal protective equipment that will be used.
- Please select the animal biosafety level of the post quarantine housing where the live bats will be housed.
  - Descriptions of animal biosafety levels are published in the Biosafety in Microbiological and Biomedical Laboratories, 5<sup>th</sup> Edition (BMBL). The current version of the BMBL is available at <http://www.cdc.gov/biosafety/publications/bmbl5/index.htm>.



### **Block 3- Name of Attending Veterinarian**

- Please provide the full name of the attending veterinarian.
  - For purposes of completing the Application for Permit to Import or Transport Live Bats into the United States, the term “full name” refers to an individual's first name, middle initial(s), and last name or surname, without use of nicknames.

### **Block 4- Affiliation**

- Please provide the professional affiliations for the attending veterinarian, i.e. institutional affiliations Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) accredited research institution, Association of Zoos and Aquariums (AZA)-accredited zoo or AZA-affiliated species survival conservation center, diagnostic reference laboratory, etc.) or professional credentials (MD, DVM, PhD, etc.). For private practitioners, please provide state veterinary license number and/or veterinary practice name.

### **Blocks 5-8- Physical Address**

- Please provide the complete business address of the attending veterinarian listed in Section E Block 3.
- Do not use a Post Office Box address.

### **Block 9- Telephone Number**

- Please provide the direct dial 10-digit telephone number for the attending veterinarian listed in Section E Block 3; include an extension if applicable.

### **Block 10- Fax Number**

- Please provide the 10-digit facsimile number for the attending veterinarian listed in Section E Block 3.

### **Block 11- E-mail Address**

- Please provide the e-mail address for the attending veterinarian listed in Section E Block 3.
- Please print or type clearly; and ensure that you include the email domain (e.g., .org, .gov, .edu, .com, .net)

### **Block 12- Describe the Qualifications and Experience of Technical Personnel Handling the Bats**

- Please provide a clear and concise description of the qualifications and technical experience of the personnel handling the live bats.
- Personnel curriculum vitae and/or lists of publications may also be requested at a later time.

### **Block 13- Have All Personnel that will be working with Bats Received Rabies Immunizations**

- Please select ‘yes’ or ‘no’.
- If ‘no’ is selected please provide a clear and concise explanation as to why the personnel have not received the rabies immunization.

## Section F – Signature of Permittee (Mandatory Requirement)

**IMPORTANT NOTE:** By signing and submitting the completed *Application for Permit to Import or Transport Live Bats into the United States* to the CDC Etiologic Agent Import Permit Program, the requestor (permittee) is certifying that all individuals listed in the application have the appropriate qualifications, experience, and training to safely handle the live bats being imported and that the information submitted in the application is complete and accurate to the best of their knowledge and belief. They are also agreeing to comply with all conditions, restrictions, and precautions that may be specified in any permit that may be issued. Additionally, the requestor is agreeing to comply with all applicable regulations that govern the importation and acknowledging that failure to comply with the importation requirements may subject them to criminal penalties pursuant to 42 U.S.C. 271 (Penalties for violation of quarantine laws). The requestor is also acknowledging that any false statement made in the signed/submitted application may subject them to criminal penalties pursuant to 18 U.S.C. 1001.

### Block 1- Applicant

- Please provide the full name of the applicant. The applicant name should match the name listed in section A Blocks 1-3.

### Block 2- Signature

- Signature should match the applicant name list in Section A Blocks 1-3.

### Block 3- Title

- List any titles for the applicant listed in Section A Blocks 1-3.

### Block 4- Degree(s)

- List any degree (s) for the applicant listed in Section A Blocks 1-3.

### Block 5- Date Signed

- Please enter the date the applicant signs the application.

## Document Change History

Version	Date	Summary of Changes
1.0	February 2014	Initial Release