

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES CENTER FOR VETERINARY BIOLOGICS CONTACT AND QUALIFICATIONS OF VETERINARY BIOLOGICS PERSONNEL	This report is required by regulations (9 CFR 102.4 and 114.7). Failure to report can result in suspension or revocation of establishment license. <i>(See instructions on reverse side for additional instructions)</i> According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0579-0013. The time required to complete this information collection is estimated to average 0.2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.	OMB Approved 0579-0013 EXP: XX/XXXX
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1. EMPLOYEE CONTACT INFORMATION *(Print information in area requested.)*

[A] TITLE <i>(Dr., Mr., Ms.)</i>	[B] LAST NAME, <i>(include applicable suffix)</i>	FIRST NAME	MIDDLE INITIAL	[C] ESTABLISHMENT NAME
[D] ESTABLISHMENT LICENSE NUMBER	[E] TELEPHONE NUMBER	[F] ADDRESS OF YOUR PRIMARY WORK SITE		
[G] EMAIL <i>(Recommended)</i>				

2. EMPLOYEE ROLE AT ESTABLISHMENT *(use additional lines, if necessary.)*

[A] TITLE OF POSITION HELD	[C] DATE OF PREVIOUS APHIS FORM 2007 ON FILE FOR EMPLOYEE (mm/dd/yyyy) <input type="checkbox"/> NEW FORM 2007 CHECK THIS BOX IF THERE IS NO PREVIOUS FORM 2007 ON FILE FOR EMPLOYEE AT THIS ESTABLISHMENT.
[B] FUNCTION(S) OR DUTIES	

3. EMPLOYEE EDUCATION

[A] NAME OF SCHOOL, UNIVERSITY OR INSTITUTION	[B] TYPE OF DEGREE OR CERTIFICATION	[C] DATE ATTAINED (mm/dd/yyyy)

SIGNATURE IN BLOCK 5. CERTIFIES SUBMITTED FORM <i>(See Privacy Act Notice at bottom of instructions.)</i>	4. SIGNATURE OF EMPLOYEE AND DATE SIGNED <i>(mm/dd/yyyy)</i> _____ _____DATE_____
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5. [A] CERTIFICATION SIGNATURE <i>(Liaison or Alternate Liaison)</i> I certify that this person is competent by training, education, and experience, and has demonstrated fitness abilities as listed, in the Functions Block 2., to produce such products in compliance with the Act. _____	[B] SIGNATORY TITLE <input type="checkbox"/> LIAISON <input type="checkbox"/> ALTERNATE LIAISON	[C] DATE CERTIFIED <i>(mm/dd/yyyy)</i> _____
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6. APHIS USE ONLY: Receipt Identification Block _____	DATE CONTROL AREA _____
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INSTRUCTIONS FOR COMPLETING APHIS FORM 2007

An APHIS Form 2007 (Form 2007) must be submitted for each employee who has final responsibility for USDA regulatory issues, research and product development, product manufacturing, quality control testing, animal acquisition and use, animal disposal, and preparation of APHIS Forms 2008. Form 2007 is also used to comply with Veterinary Services Memorandum 800.59 for the role of authorized sampler. Please refer to Veterinary Services Memorandum 800.63 for a complete listing of positions requiring Form 2007 and additional instructions.

1. **EMPLOYEE CONTACT INFORMATION:** Print or type in each assigned block.

[A, B] Provide information for Official Correspondence.

[C] Provide current name of Licensed Establishment.

[D] Provide assigned USDA Establishment License Number.

[E] Provide telephone country code if primary work site is outside of the United States.

[F] Provide full physical address, including city and state, of primary work site.

[G] Electronic Mail is strongly encouraged for roles supported by written communication from APHIS such as; Liaison, Alternate Liaison, Authorized Firm Representative for APHIS Form 2008 releases, and Quality Assurance/Quality Control contact.

2. **EMPLOYEE ROLE AT ESTABLISHMENT:** Roles of Liaison, Alternate Liaison, and USDA Sampler are confirmed by Official Correspondence.

[A] List current job title(s).

[B] List employee functions or duties in the production of biologics performed at the employee's official duty station.

[C] Provide date of Form 2007 that is to be succeeded at this Establishment, or use Checkbox to indicate a first-time submission.

3. **EMPLOYEE EDUCATION:** Only list education relevant to working in the biologics industry or with biological products including viruses, serums, toxins, vaccines, allergens, antibodies, antitoxins, toxoids, immunostimulants, diagnostic components, or analogous products. Please list the most recent education first.

[A] Provide the attended name of school, university, or institution accredited to issue degree or certification.

[B] List type of degree or certification program.

[C] Indicate date of issue on the Degree or Certificate attained. If not attained, declare most current year attended, and the total number of years successfully completed (e.g., 2007, 3 years).

4. **SIGNATURE OF EMPLOYEE AND DATE SIGNED:** The Employee's signature confirms accuracy of the provided information. The date this form is signed by the employee will be used as the APHIS FORM 2007 process date.

5. **CERTIFICATION SIGNATURE:** Liaison or Alternate Liaison signature is required to certify compliance of the employee, as stated.

6. **APHIS USE ONLY:** Do not mark in this section; reserved for APHIS processing.

PRIVACY ACT NOTICE

The information requested on this form will not be retrieved from our files by using your name or personal identifier and is, therefore, in the opinion of this agency, not subject to provisions of the Privacy Act of 1974. However, in keeping with the spirit and intent of the Privacy Act, we are informing you of the following:

Authority: 9 CFR, Section 114.7

Purpose: That compliance with the Act and applicable regulations be under supervision of person(s) competent in the preparation of biological products.

Routine uses: To determine that the responsible person(s) producing biological products is qualified by training and experience and demonstrates fitness to produce such products in compliance with the Act.