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APPLICATION FOR PERMIT TO IMPORT OR TRANSFER LIVE BATS

SECTION A

SECTION B

SECTION C

SECTION D

SECTION E

Section A

PERSON REQUESTING PERMIT IN U.S.A.

1. Permittee's Last Name *

2. Permittee's First Name *

3. Permittee's Organization *

4. Address (NOT a post office box) *

5. City *

6. State *

-- Select an option-- ▼

7. Zip Code *

8. Permittee's Telephone Number *

9. Permittee's Email *

10. Secondary Contact's Name

11. Secondary Contact's Telephone Number

12. Secondary Contact's Email

Section B

SOURCE OF BATS

1. Last Name of Sender *

2. First Name *

3. Organization *

4. Address (NOT a post office box) *

5. City *

6. State/Province

7. Postal Code

8. Country *

-- Select an option--



9. Telephone


10. Email


Section C

DESCRIPTION OF BATS

Indicate Species of Bats and Total Number to be Imported

Species	Common Name	Family	Count
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 Add From Template

 Add Bat

5. Source *

- Wild Caught
- Captive Bred

6. Proposed use of bats *

-- Select an option--

Education

Exhibition

Scientific

Other

If other, please describe:

Please describe

Note

If use is scientific research, attach research proposal and IACUC documentation.

7. Describe how bats will be used *

8. Will animals be captive bred? *

- Yes
 No

9. Intended final disposition *

-- Select an option--
Euthanasia
Transfer
Institutional use in perpetuity

Section D

TYPE OF PERMIT AND SHIPMENT INFORMATION

1. Import or Transfer? *

- Importation into U.S.
 Transfer within the U.S.

2. Size of transport container(s): ***3. Number of bats per container(s): *****4. Method of transport: ***

-- Select an option--



Section E

BIOSAFETY MEASURES FOR FACILITIES AND TECHNICAL PERSONNEL

1. Description of 180-day quarantine laboratory facilities and equipment: *

1A. Animal Biosafety level (ABSL) of 180-day quarantine facility*

-- Select an option-- ▼

1B. Personal Protective Measures to be used*

Check all that apply

- Gloves
- Protective Clothing
- Goggles
- Face Shield
- Facemask
- N95 or N100 Respirator
- Powered Air Purifying Respirator (PAPR)
- Other

2. Description of post-quarantine housing *

**2A. Biosafety level of post-quarantine facility***

-- Select an option--

**2B. Personal Protective Measures to be used***

Check all that apply

- Gloves
- Protective Clothing
- Goggles
- Face Shield
- Facemask
- N95 or N100 Respirator
- Powered Air Purifying Respirator (PAPR)
- Other

3. Name of attending veterinarian ***4. Affiliation *****5. Address (NOT a post office box) ***

6. City *

7. State *

-- Select an option--



8. Zip Code *

____-____

9. Telephone Number *

(____)____-____ ext.____

10. Email *

11. Is this IACUC approved? *

- Yes
- No
- N/A

12. Is the organization accredited? *

- Yes
- No

13. Describe the qualifications and experience of technical personnel handling the bats *

14. Have all personnel that will be working with bats received rabies immunizations? *

- Yes
- No

 Signature

Certification: I hereby certify that the information submitted in this application is complete and accurate to the best of my knowledge and belief. I agree to comply with the conditions listed in the application and all restrictions and precautions that may be specified in the permit, in addition to all applicable regulations which govern this transfer. I understand that failure to comply with the importation requirements may subject me to criminal penalties pursuant to 42 U.S.C. 271. I understand that any false statement made in this application may subject me to criminal penalties pursuant to 18 U.S.C. 1001.

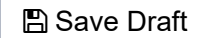

Signature of Respondent:**Title:****Degrees:****Date:**

FORM APPROVED

OMB NO. 0920-0199

EXP DATE 04/30/2021

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DSAT Contact Information

Centers for Disease Control and Prevention
Import Permit Program
1600 Clifton Road, NE, Mailstop A-46
Atlanta, GA 30329
Telephone: 404-718-2000
Email: importpermit@cdc.gov

Help and Support

[eFSAP Customer Support Request Form \(https://www.cdc.gov/phpr/ipp/support.htm\)](https://www.cdc.gov/phpr/ipp/support.htm)
Telephone: (833) 271-8310
Email: eIPPSupport@cdc.gov

