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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 \***

**7. Zip Code \***

\_\_\_\_ - \_\_\_\_

**8. Permittee's Telephone Number \***

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext. \_\_\_\_

**9. Permittee's Email \***

\_\_\_\_\_

**10. Secondary Contact's Name**

\_\_\_\_\_

**11. Secondary Contact's Telephone Number**

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext. \_\_\_\_

**12. Secondary Contact's Email**

# Section B

## SOURCE OF BATS

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**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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**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.

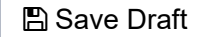
**Signature of Respondent:****Title:****Degrees:****Date:**

FORM APPROVED

OMB NO. 0920-0199

EXP DATE 04/30/2021

Public recording burden of this collection of information is estimated to average 20 minutes 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0199).

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### DSAT Contact Information

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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](mailto:importpermit@cdc.gov)

### Help and Support

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[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](mailto:eIPPSupport@cdc.gov)

