



U.S. DEPARTMENT OF  
HEALTH & HUMAN SERVICES  
Public Health Service

## APPLICATION FOR PERMIT TO IMPORT INFECTIOUS BIOLOGICAL AGENTS INTO THE UNITED STATES

FORM APPROVED  
OMB NO. 0920-0199  
EXP DATE 12/31/2019

Guidance for completing this form is available at <http://www.cdc.gov/od/eaipp/importApplication/>. This form may be submitted by mail, fax, or email attachment to the Centers for Disease Control and Prevention, Import Permit Program. Mailing Address: 1600 Clifton Road NE, Mailstop A-46, Atlanta, GA 30333. Fax: 404-718-2093. E-mail: [ImportPermit@cdc.gov](mailto:ImportPermit@cdc.gov). Telephone: 404-718-2077. **Please submit completed form only once by either email, fax, or mail**

SECTION A - Person Requesting Permit in U.S. (Permittee)						
1. Permittee's Last Name	2. Permittee's First Name	3. Permittee's Organization				
4. Physical Address (NOT a post office box)				5. City	6. State	7. Zip Code
8. Permittee's Telephone Number	9. Permittee's Email		10. Will the permittee be the courier of the imported biological agent? a Yes    b No			
11. Secondary Contact's Name	12. Secondary Contact's Telephone Number	13. Secondary Contact's Email Name				
14. Institutional Biosafety Officer's Name	15. Institutional Biosafety Officer's Telephone Number		16. Institutional Biosafety Officer's Email Name			
CLICK HERE TO ADD ADDITIONAL ROWS (AUTHORIZED USERS OF THE PERMIT)						
SECTION B - Sender of Imported Infectious Biological Agent(s) or Vector(s)						
1. Sender's Last Name	2. Sender's First Name	3. Sender's Organization				
4. Physical Address Outside of the U.S. (NOT a post office box)			5. City	6. State/Province	7. Country	
8. Postal Code		9. Telephone Number		10. Email		
CLICK HERE TO ADD ADDITIONAL ROWS (ADDITIONAL SENDERS)						
SECTION C - Shipment Information						
1. Method(s) of Shipment <input type="checkbox"/> a Commercial Carrier (e.g., FedEx) <input type="checkbox"/> b Hand-carried by individuals listed in Section A			2. Estimated Number of Shipments [Enter numeric value]			
SECTION D - Description of Infectious Biological Agent(s) and Permittee's Laboratory						
1. Intended use(s) of imported agent(s) <input type="checkbox"/> a Diagnostic <input type="checkbox"/> b Research <input type="checkbox"/> c Clinical trials <input type="checkbox"/> d Education <input type="checkbox"/> e Production <input type="checkbox"/> ff Other (please describe):			2. Provide a detailed description of the work to be accomplished with the imported agent(s) (Describe your work clearly & simply. Include background, purpose, objectives, methods, etc.)			
3. Will the agent(s) be propagated or cultured? <b>X Yes X No</b> If yes, will the total culture volume exceed 10 liters at any point? <b>X Yes X No</b>			4. Will the agent(s) be used to inoculate animals or arthropods? <b>X Yes X No</b> If yes, will this be by the aerosol route? <b>X Yes X No</b>			
5. Scientific name	6. Strain (if	7. Building	8. Suite/Room	9. Laboratory	10. Storage	11. Safety Level

of known/suspected biological agents(s) include Genus and species	applicable)	Location	Location				<input checked="" type="checkbox"/> BSL-1 <input checked="" type="checkbox"/> BSL-2 <input checked="" type="checkbox"/> BSL-3 <input checked="" type="checkbox"/> BSL-4 <input checked="" type="checkbox"/> ABSL-1 <input checked="" type="checkbox"/> ABSL-2 <input checked="" type="checkbox"/> ABSL-3 <input checked="" type="checkbox"/> ABSL-4 <input checked="" type="checkbox"/> ACL-1 <input checked="" type="checkbox"/> ACL-2 <input checked="" type="checkbox"/> ACL-3 <input checked="" type="checkbox"/> ACL-4 <input checked="" type="checkbox"/> BSL-3 Ag
---	-------------	----------	----------	--	--	--	--

[CLICK HERE TO ADD ADDITIONAL ROWS \(Infectious Biological Agent\(s\)\)](#)

**SECTION E - Description of Material(s) Containing the Infectious Biological Agent(s) or Vector(s) to be Imported**

<p>1. Source of material(s) being imported (Check all that apply)</p> <input checked="" type="checkbox"/> a Infected or suspected infected human <input checked="" type="checkbox"/> b Infected or suspected infected vector <input checked="" type="checkbox"/> i live <input type="checkbox"/> j dead <input checked="" type="checkbox"/> c Environment (please describe): _____ <input type="checkbox"/> c Recombinant/synthetic (please describe): _____ <input type="checkbox"/> d Other (please describe): _____	<p>2. Description of material(s) containing biological agent(s) (Check all that apply and provide description below)</p> <input checked="" type="checkbox"/> a Field-collected specimen <input type="checkbox"/> e Tissues <input checked="" type="checkbox"/> b Laboratory derived isolate/culture <input type="checkbox"/> f Organs/Body parts <input checked="" type="checkbox"/> c Blood/blood products <input type="checkbox"/> g Vector <input checked="" type="checkbox"/> d Other body fluids <input type="checkbox"/> h Other <p>i Provide a detailed description of the material containing the biological agent:</p>
---	---

**SECTION F- Biosafety Measures**

<p>1. Primary Containment to be used (Check all that apply)</p> <input checked="" type="checkbox"/> a None (open bench) <input type="checkbox"/> b Class I <input type="checkbox"/> c Class II, Type _____ <input type="checkbox"/> d Class III <input type="checkbox"/> e Fume Hood <input type="checkbox"/> f Negative pressure ventilated enclosure with HEPA filtration <input type="checkbox"/> g Other (please describe): _____	<p>2. Personal Protective Measures to be used (Check all that apply)</p> <input type="checkbox"/> a Gloves <input type="checkbox"/> b Protective Clothing <input type="checkbox"/> c Goggles <input type="checkbox"/> d X Face Shield <input type="checkbox"/> e Facemask <input type="checkbox"/> f N95 or N100 Respirator <input type="checkbox"/> g X Powered Air Purifying Respirator (PAPR) <input type="checkbox"/> h Immunizations <input type="checkbox"/> i Other (please describe): _____	<p>3. Personnel Training provided (Check all that apply)</p> <input type="checkbox"/> a Risk(s) associated with the imported biological agent(s) <input type="checkbox"/> b Hazardous Material Packing/Shipping <input type="checkbox"/> c Laboratory Standard Practices <input type="checkbox"/> d Hazardous Waste Handling/Disposal <input type="checkbox"/> e Emergency Response Procedures <input type="checkbox"/> f Spill Procedures <input type="checkbox"/> g Other (please describe): _____	<p>4. Has the permittee implemented biosafety measures commensurate with the hazard posed by the infectious biological agent, infectious substance, and/or vector to be imported, and the level of risk given its intended use?</p> <input type="checkbox"/> a No <input type="checkbox"/> b Yes (Plan may be required to be submitted)
<p>5. Anticipated disposition of Infectious Biological Agent(s) (and material containing it) when work is completed</p> <input type="checkbox"/> a Will be <b>retained</b> at address listed in SECTION A <input type="checkbox"/> b Will be <b>transferred</b> to location listed in SECTION G <input checked="" type="checkbox"/> c Will be <b>destroyed</b> (please complete Block 6)	<p>6. If Agent(s) will be destroyed, list expected method(s) of destruction</p> <input checked="" type="checkbox"/> a Thermal: <input checked="" type="checkbox"/> X Onsite Autoclave <input checked="" type="checkbox"/> X Onsite Incineration <input type="checkbox"/> b Chemical (describe chemical): _____ <input type="checkbox"/> c Irradiation (describe energy source): _____ <input checked="" type="checkbox"/> X Contracted hazardous waste disposal company (name of company): _____ <input type="checkbox"/> d Other (please describe): _____		

**SECTION G – Final Destination(s) of Imported Biological Agent(s) or Vector(s)**

1. Will the permittee transfer the imported materials to locations not listed in Section D above. <b>X Yes (complete items 2-25) X No</b>						
2. Last Name of Recipient at Destination		3. First Name		4. Destination Organization		
5. Final Destination Address (NOT a post office box)		6. City		7. State	8. Zip Code	
9. Telephone Number		10. Email:				
11. Intended use(s) of imported agent(s) <input type="checkbox"/> Diagnostic <input type="checkbox"/> Research <input type="checkbox"/> Clinical trials <input type="checkbox"/> Education <input type="checkbox"/> Production <input type="checkbox"/> Other (please describe):			12. Provide a detailed description of the work to be accomplished with the imported agent(s) (Describe your work clearly & simply. Include background, purpose, objectives, methods, etc.)			
13. Will the agent(s) be propagated or cultured? <b>X Yes X No</b> If yes, will the total culture volume exceed 10 liters at any point? <b>X Yes X No</b>			14. Will the agent(s) be used to inoculate animals or arthropods? <b>X Yes X No</b> If yes, will this be by the aerosol route? <b>X Yes X No</b>			
15. Scientific name of known/suspected biological agents(s) include Genus and species	16. Strain (if applicable)	17. Building Location	18. Suite/Room Location	19. Laboratory	20. Storage	21. Safety Level <input checked="" type="checkbox"/> BSL-1 <input checked="" type="checkbox"/> BSL-2 <input checked="" type="checkbox"/> BSL-3 <input checked="" type="checkbox"/> BSL-4 <input checked="" type="checkbox"/> ABSL-1 <input checked="" type="checkbox"/> ABSL-2 <input checked="" type="checkbox"/> ABSL-3 <input checked="" type="checkbox"/> ABSL-4 <input checked="" type="checkbox"/> ACL-1 <input checked="" type="checkbox"/> ACL-2 <input checked="" type="checkbox"/> ACL-3 <input checked="" type="checkbox"/> ACL-4 <input checked="" type="checkbox"/> BSL-3 Ag
22. Primary Containment to be used (Check all that apply) <input checked="" type="checkbox"/> None (open bench) <input type="checkbox"/> Class I <input type="checkbox"/> Class II, Type _____ <input type="checkbox"/> Class III <input type="checkbox"/> Fume Hood <input type="checkbox"/> Negative pressure ventilated enclosure with HEPA filtration <input type="checkbox"/> Other (please describe):	23. Personal Protective Measures to be used (Check all that apply) <input type="checkbox"/> Gloves <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Goggles <input checked="" type="checkbox"/> Face Shield <input type="checkbox"/> Facemask <input type="checkbox"/> N95 or N100 Respirator <input checked="" type="checkbox"/> Powered Air Purifying Respirator (PAPR) <input type="checkbox"/> Immunizations <input type="checkbox"/> Other (please describe):	24. Personnel Training provided (Check all that apply) <input type="checkbox"/> Risk(s) associated with the imported biological agent(s) <input type="checkbox"/> Hazardous Material Packing/Shipping <input type="checkbox"/> Laboratory Standard Practices <input type="checkbox"/> Hazardous Waste Handling/Disposal <input type="checkbox"/> Emergency Response Procedures <input type="checkbox"/> Spill Procedures <input type="checkbox"/> Other (please describe):		25. Has the permittee implemented biosafety measures commensurate with the hazard posed by the infectious biological agent, infectious substance, and/or vector to be imported, and the level of risk given its intended use? <input type="checkbox"/> No <input type="checkbox"/> Yes (Plan may be required to be submitted)		
<b>+ CLICK HERE TO ADD ADDITIONAL ROWS (Final Destinations of Imported Biological Agent(s) or Vector(s))</b>						

I hereby certify that all individuals listed in this application have the appropriate qualifications, experience and training to safely handle the agents being imported and that the information submitted in this application is complete and accurate to the best of my knowledge and belief. I agree to comply with all conditions, restrictions and precautions that may be specified in any permit that may be issued. Additionally, I agree to comply with all applicable regulations and guidelines that 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.

**SECTION H - Signature of Permittee**

1. Permittee's Signature (REQUIRED)	2. Permittee's Printed Name (Print name)	3. Date Signed (mm/dd/yyyy)
-------------------------------------	--	-----------------------------

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)