



**APPLICATION FOR PERMIT TO IMPORT OR
TRANSFER LIVE BATS**

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. Telephone: 404-718-2077.

Please submit completed form only once by either email, fax, or mail

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	9. Permittee's E-mail					
10. Secondary Contact's Name	11. Secondary Contact's Telephone Number	12. Secondary Contact's Email Name				
SECTION B – SOURCE OF BATS						
1. Last name of Sender	2. First	3. Organization				
4. Address (NOT a post office box)			5. City	6. State/Prov	7. Postal Code	8. Country
9. Telephone	10. E-mail					
SECTION C – DESCRIPTION OF BATS						
Indicate Species of Bats and Total Number to be Imported (<i>Additional sheets attached</i>):						
1. Genus/Species of Bat	2. Common Name of Bat Species	3. Family	4. Total Number of Bats			
5. Wild-caught (indicate where bats were obtained, e.g., name of cave, game reserve, town, or province): _____						

Captive bred (indicate where bats were obtained, e.g., name of zoo, research facility)						
6. Proposed use of bats: Education Exhibition Scientific Other (Describe: _____)						
Note: If use is "scientific research," attach research proposal and IACUC documentation						
7. Describe how bats will be used (<i>Additional sheets attached</i>):						
8. Will animals be captive bred? Yes No						
9. Intended final disposition: Euthanasia Transfer Institutional use in perpetuity						

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SECTION D – TYPE OF PERMIT AND SHIPMENT INFORMATION			
1. 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: Air Surface Other (Explain: _____)			

SECTION E – BIOSAFETY MEASURES FOR FACILITIES AND TECHNICAL PERSONNEL
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1. Description of 180-day quarantine laboratory facilities and equipment: Animal Biosafety level (ABSL) of 180-day quarantine facility (See instructions): ABSL1 ABSL2 ABSL3 ABSL4 Personal Protective Measures to be used (Check all that apply) <input type="checkbox"/> Gloves <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Face Mask <input type="checkbox"/> N95/100 Respirator <input type="checkbox"/> PAPR <input type="checkbox"/> Other (Explain): _____			
2. Description of post-quarantine housing: Biosafety level of post-quarantine facility (See instructions): ABSL1 ABSL2 ABSL3 ABSL4 Personal Protective Measures to be used (Check all that apply) <input type="checkbox"/> Gloves <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Face Mask <input type="checkbox"/> N95/100 Respirator <input type="checkbox"/> PAPR <input type="checkbox"/> Other (Explain): _____			
3. Name of attending Veterinarian:		4. Affiliation	
5. Address (NOT a post office box)		6. City	7. State
		8. Zip Code	
9. Telephone		10. E-mail	
11. Is this IACUC approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		12. Is the organization accredited? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (If no, explain: _____)			

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.

SECTION F – SIGNATURE OF PERMITTEE				
1. APPLICANT (Print Name)	2. SIGNATURE	3. TITLE	4. DEGREE(S)	5. 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0199)