



**APPLICATION FOR PERMIT TO IMPORT  
INFECTIOUS HUMAN REMAINS INTO THE UNITED  
STATES**

Guidance for completing this form is available at <http://www.cdc.gov/od/eaipp/importApplication/>. This form must be submitted at <https://eipp.cdc.gov/>.  
E-mail: [ImportPermit@cdc.gov](mailto:ImportPermit@cdc.gov). Telephone: 404-718-2077. **Please submit completed form only once. Permits are single use only.**

**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. Secondary Contact's Name                | 11. Secondary Contact's Telephone Number | 12. Secondary Contact's Email Name |

**CLICK HERE TO ADD ADDITIONAL ROWS (AUTHORIZED USERS OF THE PERMIT)**

**SECTION B - Sender of Imported Infectious Human Remains**

- |   |                        |                                |
|---|------------------------|--------------------------------|
| 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/Providence 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<br><input type="checkbox"/> Commercial Carrier (e.g., FedEx)<br><input type="checkbox"/> Hand-carried by individuals listed in Section A | 2. Expected date of import<br>MM/DD/YYYY | 3. Shipping container<br><input checked="" type="checkbox"/> Hermetically sealed casket<br><input type="checkbox"/> Leakproof container<br><input type="checkbox"/> Other (please describe): |
|---|--|--|

**SECTION D - Facility Processing Human Remains**

- |   |  |  |
|---|--|--|
| 1. Intended use(s) of imported agent(s)<br><input checked="" type="checkbox"/> Interment<br><input type="checkbox"/> Cremation<br><input type="checkbox"/> Other (please describe): | 2. Provide a detailed description of the handling or manipulation of human remains (Describe any work with unenabled human remains outside of sealed transport container. e.g. cremation, embalming, identity verification.) |  |
| 3. Building Location  | 4. Suite/Room Location   | 5. Laboratory<br><input type="checkbox"/>  |
|   |  | 6. Safety Level<br><input checked="" type="checkbox"/> BSL-1<br><input checked="" type="checkbox"/> BSL-2<br><input checked="" type="checkbox"/> BSL-3<br><input type="checkbox"/> Other please describe _____ |
|   |  | 7. Storage Only (Will not open human remains that have not been embalmed)<br><input type="checkbox"/>  |

**CLICK HERE TO ADD ADDITIONAL ROWS (Facility Processing Human Remains)**

**SECTION E - Cause of Death**

- |  |                                |
|--|--------------------------------|
| 1. Cause of death _____<br>- Infectious biological agent(s) known or suspected | 2. Date of death (MM/DD/YYYY): |
|--|--------------------------------|

**SECTION F- Biosafety Measures**

