Form
OMB Control No. 0920-XXXX
Expiration Date: XX/XX/XXXX

CDC Notification of Proposed Nonhuman Primate (NHP) Importation to the United States

Section 1: Importer's Contact Information					
Date of CDC Notification: / / / / / /					
CDC-registered im	porter name:				
Importer address:	<u> </u>				
		Name:			
Primary contact for	this shipment:	Phone number:			
		Email:			
	antine Facility	(If Different from Importer)			
Name/Institution:					
Address:					
Section 3: Anin		1			
Species being imp					
Number of animal					
		HPs (tattoo, microchip, etc.):			
		umbers to NHPImporters@cdc.gov within five (5) business days of arrival at quarantine facility.			
NHPs were: NHP country of or	Captive bred	Wild caught			
NHP Country of Of	igiri.				
Section 4: Prof	POSED PURPOSE	OF IMPORTATION			
Your request must	be limited to scie	ntific, exhibition, or educational purposes.			
Purpose	Scientific	Exhibition Educational			
Section 5. Ship	per/Exporter (Consignor)			
Name/Institution:					
Address:	Street:				
	City:				
	State/Province:				
	Country:				
Phone number:					

Public reporting burden of this collection of information is estimated to average 15 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 30329; ATTN: PRA 0920-XXXX.

3. *Email:*

Section 6. Broker			
Broker:			
DIUKEI.			
Address:			
Phone number:			
Email:			
	Name:		
Primary contact for this shipment	Phone number (if different from above):		
	Email (if different from above):		

Section 7: Transportation Information					
Arrival Method (Complete the Applicable Section Below)					
Arrivals by flight:	Port of Entry:*				
	Carrier(s):				
	Flight Number(s):				
	Arrival flight number:				
	Arrival Air Waybill Number(s):				
	Detailed itinerary/flight route (including technical stops):				
	Estimated date and time of arrival in United States:				
Arrivals by vehicle:	Port of entry:*				
	Name of vehicle owner:				
	License plate number:				
	Estimated date and time of arrival in United States:				
Arrival by ship:	Port of entry:*				
	Name of ship:				
	Vessel number:				
	Estimated date and time of arrival in United States:				
Crates					
Number:					
Description:					
	t of Entry (If Applicable)				
Person(s) responsible	Name(s):				
for off-loading NHPs at U.S. port of entry:	Address:				
	Phone number:				
	Email:				
Ground Transport					

Party responsible for transporting NHPs from port of entry to quarantine facility:	Name of transport company:
	Names of individuals transporting shipment:
	Address:
	Phone number:
	Email:
Second party responsible for transporting NHPs from port of entry to quarantine facility (if	Name of transport company:
	Names of individuals transporting shipment:
	Address:
	Phone number:
	Email:

Section 8. Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES) Permit					
CITES permit number(s):	CITES permit expiration date(s):				

Please email completed form to NHPImporters@cdc.gov at least seven days prior to shipment arrival.

* An importer may import live NHPs into the United States only through a port of entry where a HHS/CDC quarantine station is located. The list of current HHS/CDC quarantine stations can be found at <a href="https://www.quarantine.com/quaranti

(2) In the event that the importer is unable to provide for entry at a port where a HHS/CDC quarantine station is located, the importer may only import live NHPs into the United States through another port of entry if the Director provides advance written approval.