



## CDC NOTIFICATION OF PROPOSED NONHUMAN PRIMATE (NHP) IMPORTATION TO THE UNITED STATES

### SECTION 1: IMPORTER'S CONTACT INFORMATION

Date of CDC Notification: \_\_\_\_\_

CDC-registered importer name: \_\_\_\_\_

Importer address: \_\_\_\_\_

#### Primary Contact for this Shipment

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

### SECTION 2. QUARANTINE FACILITY (IF DIFFERENT FROM IMPORTER)

Name/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

### SECTION 3: ANIMAL INFORMATION

Species being imported	Number of animals being imported
1.	
2.	
3.	
4.	

Means of individually identifying NHPs (tattoo, microchip, etc.):  
\_\_\_\_\_

Please submit individual NHP ID numbers as a Microsoft Excel spreadsheet to [NHPImporters@cdc.gov](mailto:NHPImporters@cdc.gov) within five (5) business days of arrival at quarantine facility.

NHPs were:    Captive bred    Wild caught    NHP country of origin: \_\_\_\_\_

### SECTION 4: PROPOSED PURPOSE OF IMPORTATION

Your request must be limited to scientific, exhibition, or educational purposes.

Purpose:    Scientific    Exhibition    Educational

### SECTION 5. SHIPPER/EXPORTER (CONSIGNOR)

Name/Institution: \_\_\_\_\_

Address:  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

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 (0920-1383).

**SECTION 6. BROKER**

Broker: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Primary contact for this shipment**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

**SECTION 7: TRANSPORTATION INFORMATION****Arrival Method** *(Complete the Applicable Section Below)*

\* 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 [Quarantine Station Contact List, Map, and Fact Sheets | Quarantine | CDC](#). **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.**

***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:

**Offloading NHPs at Port of Entry** *(If Applicable)**Person(s) responsible for off-loading NHPs at U.S. port of entry*

Name(s): \_\_\_\_\_

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 Applicable):**

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):

**Additional Information:**

Please email completed form to [NHPIimporters@cdc.gov](mailto:NHPIimporters@cdc.gov) at least seven days prior to shipment arrival.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL CENTER FOR PREVENTION SERVICES  
DIVISION OF QUARANTINE (E03)  
ATLANTA, GEORGIA 30333