



## APPLICATION FOR REGISTRATION AS AN IMPORTER OF NONHUMAN PRIMATES\*

### Organization

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

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

### Applicant *(person responsible for ensuring regulations in 42 CFR 71.53 are met)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Other points of contact for CDC

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Estimated number of nonhuman primates to be imported or to be received within 31 days of importation in the period covered by this registration: \_\_\_\_\_

2. If currently registered, number of nonhuman primates imported or received within 31 days of importation in the previous 2-year period\* \_\_\_\_\_

### 3. Animal Holding Facilities:

a. Attach sketch of facility indicating rooms or area where newly acquired nonhuman primates are held and the relationship of these rooms or areas to offices, laboratories and other animal rooms in the same building.

b. Air handling procedures in rooms or areas where newly acquired primates are held:

(1) Air pressure in holding rooms is higher than same as lower than adjacent corridors and other immediately adjoining areas.

(2) Is exhaust air filtered? Yes No

If yes, specify the type of filtration: \_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 30 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 0920-1383.

c. Usual number of animals per cage in the quarantine area:

Prosimians: \_\_\_\_\_ Old World Species: \_\_\_\_\_ New World Species: \_\_\_\_\_ Great Apes: \_\_\_\_\_

d. Waste disposal procedures for animal feces:

[Empty text box for waste disposal procedures for animal feces]

e. Waste disposal procedures for liquid waste (provide a description of how potentially contaminated liquid waste is treated/disinfected):

[Empty text box for waste disposal procedures for liquid waste]

f. Waste disposal procedures for animal carcasses:

[Empty text box for waste disposal procedures for animal carcasses]

4. Have you developed standard operating procedures for:

- a. Animal transport to your facility. . . . . Yes . . . . No
- b. Intake procedures for arriving animals . . . . . Yes . . . . No
- c. Animal husbandry. . . . . Yes . . . . No
- d. Laundry. . . . . Yes . . . . No
- e. Worker protection/use of personal protective equipment . . . . . Yes . . . . No
- f. Necropsy. . . . . Yes . . . . No
- g. Considerations for B virus exposures . . . . . Yes . . . . No
- h. Statement of intended use. . . . . Yes . . . . No
- i. Communication with CDC . . . . . Yes . . . . No
- j. TB testing of NHPs in quarantine . . . . . Yes . . . . No
- k. Outdoor quarantine space (if applicable)? . . . . . Yes . . . . No
- l. Group housing (if applicable)? . . . . . Yes . . . . No

5. Are newly acquired nonhuman primates held in rooms or areas with dedicated air-handling systems?

Yes      No

6. Are all animals that died during the quarantine period necropsied?

Yes      No

7. Is entry to the area where newly acquired nonhuman primates are held restricted to only those personnel who are essential to its operation?

Yes      No

8. Is a veterinarian retained to provide or supervise care of nonhuman primates?      Yes      No

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

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

\_\_\_\_\_

**9. Personnel Health Program**

- a. Are all employees given a pre-employment tuberculin test?                      Yes                      No
- b. Routine interval between tuberculin tests of employees after employment:  
Number of months: \_\_\_\_\_
- c. Do you have a respiratory control program, as required by  
OSHA 29 CFR 1910.134 Respiratory Protection - Standards?                      Yes                      No
- d. Are workers fit-tested and trained annually?                      Yes                      No
- e. Is an occupational health clinic or physician retained to  
supervise health care programs?                      Yes                      No

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**10. Assurance Statement**

*As a condition of registration I, (we) assure the Director, Centers for Disease Control and Prevention that I (we) will import live nonhuman primates into the United States only for bona fide scientific, educational, or exhibition purposes. I (we) shall not subsequently sell, resell, or otherwise distribute the nonhuman primates to any other person or organization without clear evidence that these animals will be used solely for bona fide scientific, educational, or exhibition purposes. I (we) understand that "nonhuman primates" are defined as all nonhuman primates of the Order Primates including but not limited to animals commonly known as monkeys, chimpanzees, orangutans, gorillas, gibbons, apes, baboons, marmosets, tamarins, lemurs, and lorises.*

**11. Applicant Signature (must match applicant's name listed above)**

**Date:**

\_\_\_\_\_

\_\_\_\_\_