



**APPLICATION FOR PERMIT TO IMPORT INFECTIOUS  
BIOLOGICAL AGENTS INTO THE UNITED STATES**

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: 404-471-8333. E-mail: [ImportPermit@cdc.gov](mailto:ImportPermit@cdc.gov). Telephone: 404-718-2077.

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

Application Number:
Permit # issued
(For Program use ONLY)

**SECTION A - Person Requesting Permit in U.S. (Permittee)**

1. Permittee's Last Name	2. Permittee's First Name	3. MI	4. Permittee's Organization		
5. Physical Address (NOT a post office box)			6. City	7. State	8. Zip Code
9. Permittee's Telephone Number		10. Permittee's Fax Number		11. Permittee's Email	
12. Secondary Contact's Name		13. Secondary Contact's Telephone Number		14. Secondary Contact's Email	
15. Will the permittee be the courier of the imported biological agent? Yes      No		16. Will other members of the organization listed above, in Section A Block 4, be authorized to use the approved permit? No      Yes      if Yes <input type="checkbox"/>		17. Check here      if you have included a Continuation Form to list others authorized to use this permit	

**SECTION B - Sender of Imported Infectious Biological Agent(s) or Vector(s)**

1. Sender's Last Name (    Check if same as Sec A)	2. First Name	3. MI	4. Sender's Organization		
5. Physical Address Outside of the U.S. (NOT a post office box)		6. City	7. State/Province	8. Country	9. Postal Code
10. Telephone	11. Fax	12. Email		13. Check here      if you have included a Continuation Form to list multiple senders	

**SECTION C - Shipment Information**

1. Method(s) of Shipment Commercial Carrier (e.g., FedEx) Hand-carried by (provide name of person): _____	2. Number of Shipments Single Shipment Multiple Shipments i. Estimated # of shipments: _____	3. Shipment Temperature(s) Ambient Frozen/Refrigerated	4. Anticipated U.S. Port(s) of Entry
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**SECTION D - Final Destination of Imported Infectious Biological Agent(s) or Vector(s)**

1. Is final destination of biological agent(s) or vector(s) different from address in Section A? No (skip to Section E)      Yes <input type="checkbox"/>	2. Last Name of Recipient at Destination	3. First Name		4. MI	
5. Destination Organization	6. Final Destination Address (NOT a post office box)		7. City	8. State	9. Zip Code
10. Telephone	11. Fax	12. Email		13. Check here      if you have included a Continuation Form to list multiple final destinations	

