



**APPLICATION FOR PERMIT TO IMPORT OR
TRANSFER LIVE BATS**

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. Telephone: 404-718-2077.

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

SECTION A – PERSON REQUESTING PERMIT IN U.S.A.							
1. Permittee's Last Name	2. Permittee's First Name	3. MI	4. Permittee's Organization				
5. 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 E-mail				
12. Secondary Contact's Name	13. Secondary Contact's Telephone		14. Secondary Contact's E-mail				
SECTION B – SOURCE OF BATS							
1. Last name of Sender	2. First	3. MI	4. Organization				
5. Address (NOT a post office box)		6. City	7. State/Prov	8. Postal Code	9. Country		
10. Telephone	11. FAX		12. E-mail				
SECTION C – DESCRIPTION OF BATS							
Indicate Species of Bats and Total Number to be Imported (<input type="checkbox"/> Additional sheets attached):							
1. Genus/Species of Bat	2. Common Name of Bat Species	3. Family	4. Total Number of Bats				
5. <input type="checkbox"/> Wild-caught (indicate where bats were obtained, e.g., name of cave, game reserve, town, or province: (_____) <input type="checkbox"/> Captive bred							
6. Proposed use of bats: <input type="checkbox"/> Education <input type="checkbox"/> Exhibition <input type="checkbox"/> Scientific <input type="checkbox"/> Other (Describe: _____) Note: If use is "scientific research," attach research proposal and IACUC documentation							
7. Describe how bats will be used (<input type="checkbox"/> Additional sheets attached):							
8. Estimated completion date of work:				9. Will animals be captive bred? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Intended final disposition: <input type="checkbox"/> Euthanasia <input type="checkbox"/> Transfer <input type="checkbox"/> Institutional use in perpetuity							

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EXP DATE 01/31/2017
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SECTION D – TYPE OF PERMIT AND SHIPMENT INFORMATION	
1. <input type="checkbox"/> Importation into U.S. <input type="checkbox"/> Transfer within the U.S	2. U.S. port(s) of entry (if known):
3. Size of transport container(s):	4. Number of bats per container(s):
5. Method of transport: <input type="checkbox"/> Air <input type="checkbox"/> Surface <input type="checkbox"/> Other (Explain: _____)	

SECTION E – BIOSAFETY MEASURES FOR FACILITIES AND TECHNICAL PERSONNEL

1. Description of 180-day quarantine laboratory facilities and equipment:			
Animal Biosafety level (ABSL) of 180-day quarantine facility (<i>See instructions</i>): <input type="checkbox"/> ABSL1 <input type="checkbox"/> ABSL2 <input type="checkbox"/> ABSL3 <input type="checkbox"/> ABSL4			
2. Description of post-quarantine housing:			
Biosafety level of post-quarantine facility (<i>See instructions</i>): <input type="checkbox"/> ABSL1 <input type="checkbox"/> ABSL2 <input type="checkbox"/> ABSL3 <input type="checkbox"/> ABSL4			
3. Name of attending Veterinarian:		4. Affiliation	
5. Address (NOT a post office box)		6. City	7. State 8. Zip Code
9. Telephone	10. FAX	11. E-mail	
12. Describe the qualifications and experience of technical personnel handling the bats:			
13. Have all personnel that will be working with bats received rabies immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain: _____)			

I hereby certify that the information submitted in this application is complete and accurate to the best of my knowledge and belief. I agree to comply with the conditions listed in the application and all restrictions and precautions that may be specified in the permit, in addition to all applicable regulations which govern this transfer. I understand that failure to comply with the importation requirements may subject me to criminal penalties pursuant to 42 U.S.C. 271. I understand that any false statement made in this application may subject me to criminal penalties pursuant to 18 U.S.C. 1001.

SECTION F – SIGNATURE OF PERMITTEE				
1. APPLICANT (Print Name)	2. SIGNATURE	3. TITLE	4. DEGREE(S)	5. DATE SIGNED (MM/DD/YYYY)

Public recording burden of this collection of information is estimated to average 20 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 (0920-0199)