

## APPLICATION FOR REGISTRATION FOR POSSESSION, USE, AND TRANSFER OF SELECT AGENTS AND TOXINS (APHIS/CDC FORM 1)

FORM APPROVED OMB NO. 0579-0213 OMB NO. 0920-0576 EXP DATE 10/31/2020

This submission is: A new registration	Section 1A - Entity Information						
Entity Application Number (e.g., CDC030001):  Current Registration Number (e.g., A0000000-0000):  Entity Name:  Physical Address (NOT a post office box):  City:  State: Zip Code:  Additional Physical Address(es):  Type Of Entity:  Academic (Private) Government (State) Government (State/Local) Private (Non Profit)  RESPONSIBLE OFFICIAL INFORMATION  Last Name:  DOJ Number:  Date of Birth:  Titer 1 Access:  Business E-mail Address:  Title (e.g., Biosafety Officer):  Mailing Address (NOT a post office box):  City:  State: Zip Code:  Commercial (Profit) Private (Non Profit)  Tier 1 Access:  State: Zip Code:  City:  State: Zip Code:  Title (e.g., Biosafety Officer):  State: Zip Code:  Title (e.g., Biosafety Officer):  Title (e.g., Biosafety Officer):  Title (e.g., Biosafety Officer):  Title (e.g., Biosafety Officer):  Emergency Telephone #:  Business E-mail Address:  Title (e.g., Biosafety Officer):  Emergency Telephone #:  Business Telephone #:  Business Telephone #:  Business Fax #:  Emergency Telephone #:  Business Telephone #:  Business Telephone #:  Business Fax #:  Emergency Telephone #:  Emergency Telephone #:  Emergency Telephone #:  Business Telephone #:  Emergency Telephone #:  Emergency Telephone #:  Emergency Telephone #:	This submission is: A new registration An update to an existing registration A renewal Date:						
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Entity Name:						
	Section 1B - 0	Certification of Res	ponsibility			
I hereby certify that I have been designated as the Responsible Official or the Alternate Responsible Official(s) for the institution/organization listed above, that I am authorized to bind the institution/organization, and that the information supplied in this registration package is, to the best of my knowledge, accurate and truthful. The institution/organization listed above meets the requirements specified in 42 CFR Part 73 and/or 7 CFR Part 331 and/or 9 CFR Part 121, is equipped and capable of safely and securely handling the agent(s), and will use or transfer these agents solely for purposes authorized by 42 CFR Part 73 and/or 7 CFR Part 331 and/or 9 CFR Part 121.  I understand that submission of a false statement and/or failure to comply with the provisions of the applicable regulations (42 CFR Part 73 and/or 7 CFR Part 331 and/or 9 CFR Part 121) may result in the immediate revocation of this entity's registration, a civil penalty of up to \$500,000 for each violation, and a criminal penalty and/or imprisonment up to five years for each violation. (7 USC 8401; 18 USC 175, 175B, 1001, 3559, 3571; 42 USC 262a).						
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2	2nd Alternate Responsible Official Signature	Date	2nd Alternate Responsible Official Name			
3	Brd Alternate Responsible Official Signature	Date	3rd Alternate Responsible Official Name			
4	4th Alternate Responsible Official Signature	Date	4th Alternate Responsible Official Name			

Date

5th Alternate Responsible Official Signature

5th Alternate Responsible Official Name