FEDERAL BUREAU OF INVESTIGATION
BIOTERRORISM PREPAREDNESS ACT: ENTITY / INDIVIDUAL INFORMATION

18 U.S.C. Section 1001 states that knowingly and willfully falsifying or concealing a material fact is a felony that may result in fines or imprisonment for not more than 5 years or both.

Section I: Entity Information

1. Legal Name of Entity and Entity Registration Number (AGRXXXXXX or CDCXXXXXX):
_____

2. Address (Street, City, State, Zip Code):
_____

Section II: Individual Information

3. Unique Identifying Number (UIN Supplied by Sponsor): _____

4. Full Name (Last, First, Middle): _____

4a. Aliases/Maiden Name: _____

5. Date of Birth (MM/DD/YYYY): _____

6. Social Security Number: _____

7. Residence Address (Number, Street, City, State, Zip Code):
_____

7a. Additional State(s) of Residence: _____

8. Sex: Male ☐ Female ☐

9. Ethnicity: Hispanic or Latino ☐ Not Hispanic or Latino ☐

9a. Race (Mark all races that apply):
- American Indian or Alaska Native ☐
- Asian ☐
- Black or African American ☐
- Native Hawaiian or Other Pacific Islander ☐
- White ☐

10. Place of Birth (City and State or Foreign Country):_____

Country or Countries of Citizenship: _____

Renounced Country or Countries of Citizenship: _____

11. Foreign Place of Birth Information: (If born in the U.S., proceed to Section III. If a U.S. Citizen Born Abroad, attach a copy of the born abroad certificate or U.S. passport and proceed to Section III.)

Alien Registration Number or Admission Number (9-11 digits): _____

Current Immigration Status and Expiration: _____

Mother's Full Maiden Name: _____

Father's Full Name: _____

Date and Place of Entry: _____

Immigration Status at Entry: _____

Section III: Certification Questions

12a. Are you under indictment or information in any court for any crime for which the judge could imprison you for more than one year?
Yes ☐ No ☐ Unsure ☐

12b. Have you been convicted in any court for a crime for which the judge could have imprisoned you for more than one year even if you received a shorter sentence including probation?
Yes ☐ No ☐ Unsure ☐

12c. Are you a fugitive from justice?
Yes ☐ No ☐ Unsure ☐

12d. Are you an unlawful user of any controlled substance (as defined in Section 102 of the Controlled Substance Act [21 U.S.C. 802])?
Yes ☐ No ☐ Unsure ☐

12e. Have you ever been adjudicated as a mental defective or been committed to any mental institution? .
Yes ☐ No ☐ Unsure ☐

12f. Are you an alien illegally or unlawfully in the United States?
Yes ☐ No ☐ Unsure ☐

12g. (I) Are you an alien (other than an alien lawfully admitted for permanent residence) who is a national of a State Sponsor of Terrorism; or (II) acts for or on behalf of, or operates subject to the direction or control of, a government or official of a State Sponsor of Terrorism?
Yes ☐ No ☐ Unsure ☐

12h. Have you been discharged from the Armed Services of the United States under dishonorable conditions?
Yes ☐ No ☐ Unsure ☐

12i. Are you a member of, act for or on behalf of, or operate subject to the direction or control of a terrorist organization (as defined in Section 212 of the Immigration and Nationality Act [8 USC 1182])?
Yes ☐ No ☐ Unsure ☐

Section IV: Certification and Consent of Applicant

By signing this form, I certify that the above certification answers are true, correct and complete. I understand that making of a false oral or written statement is a crime.

I hereby authorize the U.S. Department of Justice to obtain any information relevant to assessing my suitability to access, possess, use, receive or transfer select agents and toxins from any relevant source, including, but not limited to, individuals, public sources, and government sources. This information may include, but is not limited to, biographical, financial, law enforcement and intelligence information.

I further authorize any individuals having information pertinent to such an assessment to release such information to a duly accredited representative of the U. S. Department of Justice. The authorization set forth in this paragraph is valid for five (5) years from the date on which this form is signed.

I further authorize the U. S. Department of Justice to disclose the results and records or information supporting such results relating to, or obtained in connection with, my security risk assessment to: the U.S. Department of Agriculture; the Department of Health and Human Services; and any agency contractors assisting in the determination of risk.

I further authorize the release of records, results or information relating to, or obtained in connection with my security risk assessment to any law enforcement or intelligence authority or other federal, state, or local entity with relevant jurisdiction where such information reveals a risk to human, animal and/or plant health or national security, in accordance with the U.S. Department of Agriculture and Department of Health and Human Services regulatory authority.

I further authorize disclosure of records results or information relating to, or obtained in connection with my security risk assessment to organizations or individuals, both public and private, if deemed necessary, in the sole discretion of the U.S. Department of Justice, to elicit information or cooperation from the recipient for use in assessing my suitability to access, possess, use, receive or transfer select agents and toxins.

I understand that this is a legally binding document and false statements provided by me are violations of federal law and may lead to criminal prosecution or other legal action.

Printed Name: _____

Date: _____

Signature _____

Section V: Certification of Responsible or Alternate Responsible Official

As the Responsible or Alternate Responsible Official, I certify that I have reviewed this form in its entirety for completeness and legibility. Furthermore, I have reviewed the certification questions (Section III) and discussed any issues with the applicant and determined, based upon my review, that all certification questions have been answered no prior to transmitting this information to the FBI for the Security Risk Assessment.

Printed Name: _____

Date: _____ Email: _____

Signature _____