

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

Section I: Entity Information (General)

1. Legal Name of Entity: _____

2. Address: (**Not** a post office box) Street | City | County | State | Zip Code

3. Type of Entity:

- Academic (Must complete Section II) Government
 Commercial (Must complete Section II) Private (Must complete Section II)
 Other (Explain) _____ (Must complete Section II)

Section II: Academic, Commercial, Private or other information

4. Federal Income Tax Employee Identification Number: _____
If none, explain: _____

5. Corporate Officers/Entity Leadership:

Full Name (Last, First, Middle Suffix) (Doe, John Abner III)	Date of Birth (Month, Date, Year)	SSAN

6. Board of Directors (If applicable):

Full Name (Last, First, Middle Suffix) (Doe, John Abner III)	Date of Birth (Month, Date, Year)	SSAN

7. Principal Stockholders (If applicable - Principal Stockholders are individuals holding greater than 50% of share holdings)

Full Name (Last, First, Middle Suffix) (Doe, John Abner III)	Date of Birth (Month, Date, Year)	SSAN

Section III: Individual Information

8. Full Name (Last, First, Middle) 8a. Aliases/Maiden Name:		9. Date of Birth (Month, Date, Year)	10. SSAN
11. Residence Address: (No., Street, City, State, Zip Code)			12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Place of Birth (City, State or Foreign Country)		14. Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian/ Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native	
15. Country of Citizenship:		15a. If not born in US, Alien Number or Admission Number and Status are required. If not available please provide an explanation (e.g. born to US citizen serving a military or diplomatic post in a foreign country) _____	
16. Entity: (Place of Employment):		17. Unique Identifier Number (Supplied by Sponsor): _____	
18. Certifications (All questions must be answered "Yes" or "No" in the box provided)			
*Title 18 Section 1001 of the U.S. Code provides that knowingly falsifying or concealing a material fact is a felony that may result in fines or imprisonment for not more than 5 years or both.			
18a. Are you under indictment or information in any court for a felony, or any crime, for which the judge could imprison you for more than one year? <input type="checkbox"/> Yes <input type="checkbox"/> No		18b. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Are you a fugitive from justice? <input type="checkbox"/> Yes <input type="checkbox"/> No		18d. Are you an unlawful user of any controlled substance (as defined in Section 102 of the Controlled Substance Act [21 U.S.C. 802])? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18e. Have you ever been adjudicated as a mental defective or been committed to any mental institution? <input type="checkbox"/> Yes <input type="checkbox"/> No		18f. Are you an alien illegally or unlawfully in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18g. Are you an alien who has been lawfully admitted for permanent residence or a naturalized citizen? If yes, please complete 15a. <input type="checkbox"/> Yes <input type="checkbox"/> No		18h. Have you been discharged from the Armed Services of the United States under dishonorable conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I certify that the above answers are true, correct and complete. I understand that the making of a false oral or written statement is a crime.			
Signature:			Date:

Section IV: Consent

By signing this form, 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 biological 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 any records, results or information 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; any agency contractors assisting in the determination of risk; and responsible officers or other appropriate personnel of pertinent entities.

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.

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 biological agents and toxins.

I further authorize release of records, results or information relating to, or obtained in connection with my security risk assessment to laboratories, universities, individuals, or other entities, both public and private, responsible for making security assessments, employment and/or licensing determinations and suitability or security decisions when the information is relevant to an assessment of my suitability to access, possess, receive, use, or transfer biological agents or 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