

To: Approved Select Agent User
From: Charlotte Waggoner, University Biosafety Officer *CWW*
Subject: Renewal of Security Risk Assessment
Date: Effective August 2006

In an effort to prevent the same type of backlog that occurred with the first round of security risk assessments (SRAs), the CDC is requesting that identified individuals begin the renewal process even though their approval status may not have expired. By doing this, they hope to evenly disperse the number of SRA forms for processing in the upcoming years. As a result, please complete the attached forms per the following:

1. Fill out *Section II: Individual Information*
 - Block 4: Make sure to include your FULL name.
 - Block 11: Leave blank.
 - Block 12g: Only if you check "yes," do you need to complete the *Foreign Born Information*.
 - Sign and date this section.
2. Read *Section III: Consent*
 - Sign and date this section.
3. Return the originals to Charlotte Waggoner (mail code 0423).

If you have any questions, please contact me at ren@vt.edu or 540-231-5864.

Thank you.

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

Section I: Entity Information (Identical to that indicated on the CDC or APHIS registration application)

1. Legal Name of Entity: _____
2. Address: (**Not** a post office box) Street City State Zip Code
3. Type of Entity:
 Public Government
 Other (i.e. Non-Profit, Private Academic, and Commercial)
***** Indicate if you are a corporate officer, board of director, and/or stock holder.**

Section II: Individual Information

4. Full Name (Last, First, Middle) 4a. Aliases/Maiden Name:	5. Date of Birth (Month, Day, Year)	6. Social Security Number
7. Residence Address: (No., Street, City, State, Zip Code)		8. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
9. Place of Birth (City, State or Foreign Country) *If not born in the United States please complete questions on page 2 titled Foreign Born Information.	10. Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian/ Native Hawaiian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Pacific Islander	
11. Unique Identifier Number (Supplied by APHIS or CDC):		
12. 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.		
12a. 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	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12c. Are you a fugitive from justice? <input type="checkbox"/> Yes <input type="checkbox"/> No	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])? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12e. Have you ever been adjudicated as a mental defective or been committed to any mental institution? If yes, a complete copy of medical records regarding the commitment will be required. <input type="checkbox"/> Yes <input type="checkbox"/> No	12f. Are you an alien illegally or unlawfully in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12g. Are you an alien who has been lawfully admitted for permanent residence or a naturalized citizen? If yes, please complete page 2 of the application. <input type="checkbox"/> Yes <input type="checkbox"/> No	12h. 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:

Foreign Born Information

This page must be completed by any individual answering **YES** to question 12g of page 1. All questions **MUST** be answered. Be sure to include all alien or admission numbers for question 9.

13. Country of Citizenship:

14. Mother's Full Name:

15. Father's Full Name:

16. Date of Entry to the United States:

17. Place of Entry:

18. Immigration Status at Entry:

19. Current Immigration Status:

20. Date Status Expires, if Applicable:

21. Alien Number or Admission Number (9-11 digits):

Alien registration numbers are issued by the Bureau of Immigration and Customs Enforcement for individuals who are granted permanent legal resident or a naturalized citizen status in the U.S. Other situations that individuals would have an alien registration number include the following: Employment Authorization cards, Temporary Resident cards, Border Crossing cards, I-94 or Visa numbers. If this number is not available please provide an explanation. If born to US citizen serving a military or diplomatic post in a foreign country please provide a copy of the US born abroad birth certificate.

Section III:

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 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 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 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