

**Annual Certification Report**

**Possession or Use of Select Agents and Toxins**

**SECTION I – GENERAL INFORMATION**

Principal Investigator: \_\_\_\_\_

Department: \_\_\_\_\_ Labs in Use (building/room): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION II – REGISTERED SELECT AGENT OR TOXIN INFORMATION**

Registered Select agent/toxin: \_\_\_\_\_

Authorized User(s): \_\_\_\_\_

Registered Location(s): \_\_\_\_\_ Quantity: \_\_\_\_\_

**SECTION III - STATUS OF SELECT AGENT OR TOXIN RESEARCH (check one)**

- I currently have select agents/toxins in my possession (please attach copies of current inventory sheets).
- I currently have no select agents/toxins in my possession (copies of inventory sheets should have been provided to RO at the time work was complete or toxin was destroyed).

**SECTION IV – REGISTRATION DOCUMENT (check one)**

- My registration document dated \_\_\_\_\_ continues to accurately represent my select agents/toxin research.
- Registration is valid for 3 years, submit new registration after 3 years or if research changes significantly. Please send me a new registration document.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Date: