**Biosafety Permit Renewal Form**

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| Current Permit Number: |
| Last Name (Print): |
| First Name(Print): |
| Department: |
| Office Telephone Number: |
| Laboratory Telephone Number: |
| Email Address: |
| Renewal Information |
| Any additions or deletions from previously submitted Biosafety Plan:*(Changes in procedures, inventory, labs, storage, funding) (if required attach separate sheet(s))***Ensure a review of the Dual Use Potential- See Biosafety Plan.** |
| Update the list of authorized workers who will be working under the permit:*(if needed attached a separate sheet)* |
| Acknowledgement:I, the stated Permit Holder, acknowledge that the information provided herein is, to the best of my knowledge, accurate and that no changes have been made to this permit without the approval of the Biosafety Officer and/or Institutional Biosafety Committee.Signature of Permit Holder: Date: Received by Biosafety Officer:  Date:   |