**Amendment to Biosafety Permit Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Information** | | | |
| Biosafety Permit Number: |  | | |
| Permit holder Name: |  | | |
| Department: |  | | |
| Office Telephone Number: |  | | |
| Laboratory Telephone Number: |  | | |
| Email Address: |  | | |
|  | | | |
| Animal Welfare Protocol # (if working with animals) | |  | |
|  | | | |
| **Type of Permit Amendment\*\*** | | | **Check** |
| Addition of new research protocol | | |  |
| Change of existing research protocol | | |  |
| Additions/Changes to the organism, biological material or biohazardous material | | |  |
| Changes to quantities or organism, biological material or biohazardous material | | |  |
| Amendment to authorized workers list | | |  |
| Amendment to permit contact information | | |  |
| Amendment to work and/or storage locations | | |  |
| **Permit Amendment Details** | | | |
| (*ensure the Dual Use Potential has been reviewed, refer back to Biosafety Plan*) | | | |
| The information provided in this application and supporting documentation is complete and accurate to the best of my Knowledge:  Signature of Permit Holder: Date: | | | |
| The new biosafety permit application has been received with required supporting information.  Signature of the Biosafety Officer: Date: | | | |

\*\*Biosafety permit amendments will not be approved without the required supporting documentation.