



Select Agent Program Enrollment Request

Date: _____

Person Requesting Enrollment (PI or Supervisor):

Full Name: _____ Job title: _____

Person to be Enrolled in the Program:

1. Full Name: _____

2. Provide a detailed description of why the individual will need unescorted access to select agents/toxins and/or to select agents/toxins registered spaces:

3. The location where the individual is currently working (Bldg./Rm.): _____

4. All designated facilities the individual will need access to (Bldg./Rm.): _____

5. Principal Investigator's and Supervisor's full name:

6. Job title: _____

7. E-mail address: _____

8. NIH badge #: _____

Special Instructions for Form FD-961

- Do not use digital signatures, currently they are not accepted by the FBI/CJIS.
- Use "N/A" for all questions that do not pertain to you. The FBI/CJIS will reject all forms with blank lines.
- The Select Agent Program will write in your Unique Identifying Number (Question 3) upon receipt from the CDC. Do not write "N/A" for Question 3.

Submit requests to nihselectagentprogram@od.nih.gov or fax to [301-480-0701](tel:301-480-0701)