

## Select Agent Program Enrollment Request Form

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

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:

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

4. All Select Agent Program registered spaces the individual will need access to (Bldg./Rm.):

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

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6. Job title: \_\_\_\_\_

7. E-mail address: \_\_\_\_\_

8. NIH badge #: \_\_\_\_\_

Place Signature of Person Requesting Enrollment Here

**Upon submission, the NIH SAP will provide the individual (or Supervisor) with the FD-961 Form to be completed by the enrollee. Follow these instructions carefully. FD-961 must be returned promptly.**

### Special Instructions for Form FD-961

- Do not use digital signatures, currently they are not accepted by the FBI/CJIS.
- Use **"NA"** for all questions that do not pertain to you. FBI/CJIS will reject 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 **"NA"** for Question #3.