



Building a Healthy Boston

BOSTON PUBLIC HEALTH COMMISSION Biosafety Office

1010 Massachusetts Avenue (2nd Floor), Boston, MA 02118
617-534-5965 Fax: 617-534-2372 E-mail: biosafety@bphc.org

APPLICATION FOR BSL-3/ABSL-3 & BSL-4/ABSL-4 PERMIT

INSTRUCTIONS:

Send the completed permit application form, all required documents, and fee to:

ATTN: Director of Biological Safety
Environmental Health Office
Boston Public Health Commission
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118
Phone: 617-534-5965 E-mail: biosafety@bphc.org

APPLICATION TYPE	PERMIT TYPE
<input type="checkbox"/> New	<input type="checkbox"/> BSL-3/ABSL-3 (Non-Select Agent)
<input type="checkbox"/> Renewal	<input type="checkbox"/> BSL-3/ABSL-3 (Select Agent)
	<input type="checkbox"/> BSL-4/ABSL-4

INSTITUTION / COMPANY INFORMATION:

Name: _____

Mailing Address: _____

Mailing Address: (if different): _____

Phone Number: _____

Institutional Official / Responsible Official / Chief Executive Officer (CEO):

Name: _____

Work Address: _____ City _____ State _____ ZIP _____

Phone Number (Office): _____ Email Address: _____

Biosafety Officer:

Name: _____

Work Address: _____

Phone Number (Office): _____ Phone Number (Mobile): _____

Email Address: _____

AGREEMENT AND SIGNATURES

1. We, the undersigned, do hereby certify and affirm that all the information provided in this application, including all attached documents, is true and accurate to the best of our knowledge and belief.
2. We certify that we shall conduct work specified in this Permit Application in compliance with the Boston Public Health Commission’s Biological Laboratory Regulations and Disease Surveillance and Reporting Regulations.
3. We agree to adhere to any other conditions outlined in the BPHC regulations and guidelines, the NIH Guidelines, and the Recombinant DNA Permit.
4. We agree and consent to allow inspections, at reasonable times, of the Entity’s laboratory facility or facilities and relevant documents and records by the BPHC or its designees.

Institutional Official / Responsible Official / CEO

Date

Institutional Official / Responsible Official / CEO (Printed)

Biosafety Officer Signature

Date

Biosafety Officer Name (printed)

PERMIT APPLICATION FEES

1. Calculate the total permit application fee for a single BSL-3/ABSL-3 (Non-Select Agent) Permit by adding the total floor area (in square feet) of the BSL-regulated 3/ABSL-3 lab space, including animal rooms, waste storage rooms, and other rooms directly serving the laboratory.
2. **TOTAL AREA OF REGULATED LAB SPACE = _____ Square Feet**
3. Select the applicable permit fees from the table below:

Size of Regulated Laboratory Space	Non-select Agent BSL-3 / ABSL-3	Select Agent BSL-3 / ABSL-3 (all sizes)	BSL-4 / ABSL-4 (all sizes)
1-5,000 square feet	\$3,000	\$12,000	\$60,000
5,001-10,000 square feet	\$7,000		
10,001 or more square feet	\$10,000		

4. Send a check or money order made payable to the Boston Public Health Commission, with the permit application.

RENEWAL APPLICATION ONLY - Please submit the following documents:

- Completed and signed BSL-3/ABSL-3 & BSL-4/ABSL-4 Permit Application Form.
- Check or money order for applicable permit annual renewal fees, made payable to the Boston Public Health Commission
- List of the required documents specified in Section 4.2 (e) through 4.2(t) of the Guidelines. The BSL-3/ABSL-3 (Select Agent) and BSL-4/ABSL-4 lab facilities must also submit a list of the required documents specified in Section 4.3 (f) through 4.3 (k) of the Guidelines. The list should include the document title, if any changes have been made to the document since it was last submitted to BPHC, and a brief description of those changes. The BPHC may ask the institution to provide more information during permit application review.
- IBC Annual Report (Refer to Section 7.3 of the Guidelines).

NEW APPLICATION ONLY: BSL-3/ABSL-3 (Non-Select Agent or Select Agent) and BSL-4/ABSL-4 Labs - Please submit the following documents:

- Completed and signed Permit Application Form.
- Check or money order for permit application fees, made payable to the Boston Public Health Commission.
- List of all physical locations (Street address, Building, Room Number), including animal care and core research facilities, where rDNA materials, Risk Groups 3 or 4 agents, or select agents and toxins are used or stored.
- List of all current research protocols using rDNA technology approved by the Entity's IBC, Risk Groups 3 or 4 agents, or select agents and toxins used or stored in the Regulated Laboratory Space (Section III of the NIH Guidelines).
- Description of large-scale rDNA activities, containment facilities, and equipment (Appendix K of the NIH Guidelines), if applicable.
- Biosafety Program Management Leadership (Commitment) Policy.
- Biosafety/biocontainment Plan or Biosafety Manual
- Security Plan
- Emergency Response Plan
- Laboratory Safety Training Program
- Transportation of Biological Materials Plan
- Laboratory Facility Commissioning Plan
- Laboratory Facility Decommissioning Plan
- Decontamination Plan
- Disease Surveillance and Reporting Plan
- Hazard Evaluation or Risk Management Plan
- Biological and Medical Waste Disposal Plan
- Plan for termination of work with biological agent(s)
- Attenuated Strain Verification Procedures
- Brief description of the insect and rodent control program used at the facility.

BSL-3/ABSL-3 (Select Agent) and BSL-4/ABSL-4 Labs Only - Please submit the following documents, in addition to the documents in the list above:

- Copy of completed and signed APHIS/CDC Form 1 (*Registration for Possession, Use, and Transfer of Select Agents and Toxins*) sent to the Federal Select Agent Program.
- Copies of all APHIS/CDC Form 2 (*Request to Transfer Select Agents and Toxins*)
- Copies of all APHIS/CDC Form 3 (*Incident Notification and Reporting*).
- Copy of the permit or registration approval letter issued to the Entity by the APHIS/CDC Federal Select Agent Program.
- Copies of all APHIS/CDC Federal Select Agent Program facility inspection reports issued to the Entity before and after sending a permit application to the BPHC.