MISSION

To combat terrorism by conducting Security Risk Assessments (SRA) on individuals and entities who possess, use, or transfer biological select agents and/or toxins.
RESTRICTORS
18 USC 175b

The candidate:

• is under indictment for a crime punishable by imprisonment for a term exceeding one year

• has been convicted in any court of a crime punishable by imprisonment for a term exceeding one year

• is a fugitive from justice

• has been adjudicated as a mental defective or has been committed to any mental institution

• (i) is an alien (other than an alien lawfully permitted for permanent residence) who is a national of a country the Secretary of State has determined to be a supporter of acts of international terrorism (ii) acts for or on behalf of, or operates subject to the direction or control of, a government or official of a country described in this subparagraph

• has been discharged from the US armed forces under dishonorable conditions

• Is a member of, acts for or on behalf of, or operates subject to the direction or control of, a terrorist organization as defined in the Immigration and Nationality Act
RESTRICTORS
18 USC 175b

The candidate:

• is an unlawful user of any controlled substance
  
  - The use of any controlled substance (including marijuana) is illegal at the Federal level even though it may be legalized in your state.

• is an alien illegally or unlawfully in the United States
  
  - The filing of an application or extension does not convey or change the status of the individual. Submission of an application does not connote that the alien's immigration status has changed, as the very real possibility exists that ICE will deny the alien's application altogether
RESTRICTORS

Title 42 U.S.C.

The individual is reasonably suspected by any Federal law enforcement or intelligence agency of:

• committing a federal crime of terrorism

• Having knowing involvement with an organization that engages in domestic or international terrorism or any organization that engages in intentional crimes of violence

• Being an agent of a foreign power
STATISTICS

• Individuals (active):
  - APHIS: 1,597
  - CDC: 7,834
  - Restricted: 381

• Entities (active): 262
  • CDC: 225
  • APHIS: 37

• Total SRAs completed: 67,102
RESTRICTED BY CATEGORY

• Since program inception
  - Adjudicated mental: 8
  - Agent of a Foreign Power: 2
  - Alien of State Terrorism Sponsor: 8
  - Controlled Substance: 36
  - Dishonorable Discharge: 2
  - Federal crime of terrorism: 0
  - Criminal conviction: 243
  - Fugitive from justice: 23
  - Illegal/unlawful alien: 29
  - International crimes of terrorism: 0
  - Under indictment: 41
    Total: 392
Complete all sections of the form or put “none” or “not applicable” in the box.
Entity Registration Number - can use the Entity Registration Number from eFSAP (example 20181111-2222) or the Entity Application Number from NSAR (example CDC123456 or AGR123456)
Questions 3 & 4 – If you are registered at more than one entity - you only need to complete one FD-961 List all additional entities and the Entity Registration Number in Question 4
Federal Bureau of Investigation
Bioterrorism Preparedness Act:
Entity/Individual Information

Position - use one of the following categories:
- Administrative
- Alternate Responsible Official
- Animal Care Staff
- IT
- Laboratorian
- Janitorial
- Maintenance
- Owner/Controller
- Principle Investigator
- Responsible Official
- Safety
- Security
- Shipping/Receiving
- Other (for individuals who do not fall under one of the roles above)

<table>
<thead>
<tr>
<th>Section 1: Entity Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Legal Name of Entity</td>
</tr>
<tr>
<td>2. Entity Registration Number</td>
</tr>
<tr>
<td>3. Are you registered as more than one entity?</td>
</tr>
<tr>
<td>4. If you are registered as more than one entity, please list all entities in their order, the state and their Registration Numbers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 2: Individual Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unique Identifying Number (UID) supplied by Sponsor</td>
</tr>
<tr>
<td>2. Function</td>
</tr>
<tr>
<td>3. Name</td>
</tr>
<tr>
<td>4. Last Name</td>
</tr>
<tr>
<td>5. First Name</td>
</tr>
<tr>
<td>6. Middle Names (Last, First, Middle)</td>
</tr>
<tr>
<td>7. Mailing Address</td>
</tr>
<tr>
<td>8. Date of Birth (MM/DD/YYYY)</td>
</tr>
<tr>
<td>9. Social Security Number</td>
</tr>
<tr>
<td>10. Sex (Male/Female)</td>
</tr>
<tr>
<td>11. Race or Ethnicity</td>
</tr>
<tr>
<td>12. Age (Under 18/18 or Older)</td>
</tr>
<tr>
<td>13. Place of Birth (City and State or Foreign Country)</td>
</tr>
<tr>
<td>14. Countries or Countries of Citizenship</td>
</tr>
<tr>
<td>15. Permanent Country of Citizenship</td>
</tr>
<tr>
<td>16. Home Phone Number(s)</td>
</tr>
<tr>
<td>17. Driver’s License number and issuing state</td>
</tr>
<tr>
<td>18. List of all email addresses</td>
</tr>
</tbody>
</table>

Applicant initials ________
## Federal Bureau of Investigation
### Bioterrorism Preparedness Act: Entity/Individual Information

18 U.S.C. Section 3001 states that knowingly and willfully falsifying or concealing a material fact to a felony that may result in fines or imprisonment for not more than 5 years or both. Please answer all questions or put "none" or "not applicable" in the spaces provided. For clarification on how to answer the questions see the FD-44 instructions.

#### Section 1: Entity Information
- Legal Name of Entity [ ]
- State [ ]
- Entity Registration Number [ ]
- Are you registered at more than one (1) entity? [ ] Yes [ ] No [ ]
- If you are registered at more than one (1) entity please list all additional entities, the state and their Registration Numbers:

#### Section 2: Individual Information
- Unique Identifying Number (UIN) Supplied by Sponsor [ ]
- Position [ ]
- Name [ ]
  - If you have only middle name, write "middle name only".
- Last Name [ ]
- First Name [ ]
- Middle Name [ ]
- Address (name as well as applicable)
- Date of Birth (MM/DD/YY) [ ]
- Social Security Number [ ]
- Sex [ ] Male [ ] Female [ ]
- Hispanic or Latino [ ] Not Hispanic or Latino [ ]
- Race [ ]
  - White [ ]
  - Black or African-American [ ]
  - Asian [ ]
  - Native Hawaiian or Other Pacific Islander [ ]
  - Other [ ]
- Residence Address (Street, City, State, Zip Code) [ ]
- Have you lived in any state other than the one listed in Question 13 since the age of 18? [ ] Yes [ ] No [ ]
- If yes, list all previous states of residence:
- Place of Birth (City and State or Foreign Country) [ ]
- Country or Countries of Citizenship [ ]
- Reissued Country or Countries of Citizenship [ ]
- Home Phone Number(s) [ ]
- Cell Phone Number(s) [ ]
- Driver's License Number and Issuing State [ ]
- List all email addresses [ ]

**UIN - same for all entities where you are registered**
Federal Bureau of Investigation
Bioterrorism Preparedness Act: Entity/Individual Information

Questions 11 and 12 - Ethnicity & Race

- Ethnicity - refers to cultural factors including nationality, regional culture, ancestry and language - it is determined based on social and cultural groups you belong to
  - Example: German, Spanish, Hispanic, Latino

- Race - refers to a person’s physical characteristics - it is determined by how you look
  - Example: Black, White, Asian
**Federal Bureau of Investigation**

**Bioterrorism Preparedness Act: Entity/Individual Information**

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**Section I: Entity Information**

1. Legal Name of Entity
2. Entity Registration Number
3. Are you registered at more than one (1) entity? Yes □ No □
4. If you are registered at more than one (1) entity please list all additional entities, the state and their Registration Numbers.

**Section II: Individual Information**

5. Unique Identifying Number (UXN Supplied by Sponsor)
6. Position
7. If you are only verified by your name, use their and date (7); If you are not the named person, enter the full name of the person listed. See "NAME/".
8. Last Name
9. First Name
10. Middle Name
11. Aliases/Maiden Name (Last, First, Middle)
12. Nicknames
13. Date of Birth (MM/DD/YYYY)
14. Social Security Number
15. Sex □ Male □ Female □
16. Hispanic or Latino □ Not Hispanic or Latino □
17. Race (Mark all that apply): □ American Indian or Alaska Native □ Native Hawaiian or Other Pacific Islander □ Asian □ White □ Black or African American □ Unknown
18. Residence Address (Number, Street, City, State, Zip Code)
19. Have you lived in any state other than the one listed in question (13) since the age of 16? Yes □ No □
20. Years, list all American states of residence.
21. Place of Birth (City, State, or Foreign Country)
22. Country or Countries of Citizenship
23. Racquet/Club Country or Countries of Citizenship
24. Home Phone Number(s)
25. Cell Phone Number(s)
26. Driver's License Number and Issuing State
27. List all email addresses

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**Question 20 - Driver’s License and Issuing State**

**Applicant’s Initials - can be typed or written**
Federal Bureau of Investigation
Bioterrorism Preparedness Act:
Entity/Individual Information

If you answer “yes” or “unsure” to one of the questions in Section III you must provide supporting documentation.

Section IV - only need to answer questions which are listed for your status.
Federal Bureau of Investigation
Bioterrorism Preparedness Act:
Entity/Individual Information

Section V: Photograph
Attach a current photo of yourself and write your name and UIN on the back of the photo.

You must provide one photo with your application. To avoid processing delays, we recommend you use a professional photo service. Your photo must be:

- In color
- Printed on matte or glossy quality paper
- 2 x 2 inches (51 x 51 mm) in size
- Sized such that the head is between 1 inch and 1 1/8 inches (between 25 and 35 mm) from the bottom of the chin to the top of the head
- Taken within the last 6 months to reflect your current appearance
- Taken in front of a plain white or off-white background
- Taken in full face view directly facing the camera
- Taken with a neutral facial expression (preferred) or a natural smile, and both eyes open

While we recommend you use a professional passport service to ensure your photo meets all the requirements, you may take the photo yourself. Hand-held self portraits are not acceptable. Photos must not be digitally enhanced or altered to change your appearance in any way. If you take the photo yourself with a digital camera, the digital image must adhere to the following specifications:

Dimensions: The image dimensions must be in a square aspect ratio (the height must be equal to the width). Minimum acceptable dimensions are 600 x 600 pixels. Maximum acceptable dimensions are 1,300 x 1,300 pixels.

Color: The image must be in color in sRGB color space which is the common output for most digital cameras.

If you want to scan an existing photo, in addition to the digital image requirements, your photo must be:

- 2 x 2 inches (51 x 51 mm)
- Scanned at a resolution of 300 pixels per inch (12 pixels per millimeter)

*Photos must be in color - write your name or UIN on back of photo*
Section VII: Privacy Act Statement

Authority:

Principal Purpose:
The information collected on this form will be used for the principal purpose of conducting a security risk assessment to determine if you may possess, receive, access, use and/or transfer select agents and toxins. As part of this assessment, the collected information may also be used to assist in determining approval, denial, revocation or renewal of a certificate of registration issued by Department of Health and Human Services (HHS) or U.S. Department of Agriculture (USDA) for possession, use and transfer of select agents and toxins.

The FBI’s acquisition, preservation, and exchange of identification records (including fingerprints and photographs) are generally authorized under 28 U.S.C. § 534. Providing your biographic information and associated biometrics (e.g., fingerprints, photograph) is voluntary; however, failure to do so may affect completion or approval of your application. During the application process and for as long as you remain in the Select Agent Program, the FBI will use the information you provide to search criminal, immigration, national security and other relevant electronic databases.

Routine Uses:
During the processing of this application and for as long thereafter as your biographic and biometric information is retained, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NII system, the FBI’s Central Records System, and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Social Security Account Number:
Your Social Security Account Number (SSAN) is requested under Public Law 107-188, 7 CFR Part 331, 9 CFR Part 121 and 42 CFR Part 73, which authorizes the Attorney General to collect names and other identifying information in the security risk assessment process and to check criminal, immigration, national security and other electronic databases. Because other people may have the same name and birth date, your SSAN will be used to facilitate accurate identification and to help eliminate the possibility of misidentification of individuals for whom a security risk assessment or database check is being conducted. Failure to provide the requested information may delay or result in the denial of your security risk assessment.

PAPERWORK REDUCTION ACT NOTICE
The information required on this form is in accordance with the Paper Work Reduction Act of 1995. The purpose of this information is to assist the FBI in national security risk assessments for entities and individuals having access to selected toxins as required by the Public Health Security and Bioterrorism Preparedness Response Act of 2002. The completion of this form is mandatory in order to obtain approval for access to select agents and toxins. The average burden cost per person to complete the form is estimated to be $35.44 with the average burden hours per person estimated to be 1.5 hours.
Section VII: Certification and Consent of Applicant

By signing this form, I certify that the above certification answers are true, correct and complete. I understand that making a false oral or written statement is a crime.

I hereby authorize the U.S. Department of Justice to obtain any information relevant to assessing my suitability to access, possess, use, receive or transfer select agents and toxins from any relevant source, including, but not limited to, individuals, public sources, and government sources. This information may include, but is not limited to, biographical, financial, law enforcement and intelligence information, as well as medical records including mental health history.

I further authorize any individual having information pertinent to such an assessment to release such information to a duly accredited representative of the U.S. Department of Justice. The authorization set forth in this paragraph is valid for five (5) years from the date on which this form is signed.

I further authorize the U.S. Department of Justice to disclose the results and records or information supporting such results relating to, or obtained in connection with, my security risk assessment to: the U.S. Department of Agriculture; the Department of Health and Human Services; and any agency contractors assisting in the determination of risk.

I further authorize the release of records, results or information relating to, or obtained in connection with my security risk assessment to any law enforcement or intelligence authority or other federal, state, or local entity with relevant jurisdiction.

I further authorize disclosure of records results or information relating to, or obtained in connection with my security risk assessment to organizations or individuals, both public and private, if deemed necessary, in the sole discretion of the U.S. Department of Justice, to aid in cooperation or cooperation from the recipient for use in assessing my suitability to access, possess, use, receive or transfer select agents and toxins. I consent to the dissemination of my information, as needed, in support of law enforcement and national security efforts to protect public health and safety more generally.

I understand that this is a legally binding document and false statements provided by me are violations of federal law and may lead to criminal prosecution or other legal action. By signing below I am certifying that I have reviewed this document in its entirety (pages one through five) and they are accurate and complete.

Printed Name: ___________________________
Date: ___________________________
Signature: ___________________________

Section VIII: Certification of Responsible or Alternate Responsible Official

As the Responsible or Alternate Responsible Official, I certify that I have reviewed this form in its entirety for completeness and legibility. Furthermore, I have reviewed the certification questions (Section III) and discussed any issues with the applicant and, based upon my review, have determined that all certification questions have been answered prior to transmitting this information to the FBI for the Security Risk Assessment. For any questions answered “yes” or “not sure” the applicant must provide additional information or supporting documentation.

Printed Name: ___________________________
Date: ___________________________ Email: ___________________________
Signature: ___________________________
Federal Bureau of Investigation

Bioterrorism Preparedness Act:

Entity/Individual Information

INSTRUCTIONS

Question concerning completion of the FD-940 Form can be directed to BIAO at 301-425-8938.

Entity/Individual Information

Federal Bureau of Investigation
Bioterrorism Preparedness Act:

Details of the Entity or Individual

Name

Address

City, State, Zip Code

Country

Telephone Number

Fax Number

Email Address

Official Capacity

Signature

Date

Instructions

The FD-940 Form and Instructions are available on the FBI’s website at www.fbi.gov (search FD-940).

The FBI’s Central Records Section maintains the Entity/Individual Information database. Questions concerning the database should be directed to the FBI at 301-425-8938.

The Entity/Individual Information database includes information on all persons or entities that have registered with the FBI in connection with the Bioterrorism Preparedness Act.

The FBI does not maintain a slide of any kind that would exclude or disqualify any person or entity from the database. The FBI’s purpose is to gather information on persons or entities that may be involved in the manufacture, distribution, or use of bioterrorism agents or devices.

The Entity/Individual Information database is maintained to provide information to law enforcement and other agencies for the purpose of investigating and preventing acts of terrorism.

The Entity/Individual Information database is not publicly available.

Instructions

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22. Indictment: Includes in addition to or in lieu of any arrest warrant issued by a grand jury or indictment issued by the United States,

23. Civil procedure: Includes any arrest warrant issued by a grand jury or indictment issued by the United States,

24. Bioterrorism Preparedness Act: A formal commitment of a person to a mental institution by court, board, commission, or other lawful authority. The term includes commitment for mental deficiency or mental illness. It also includes commitments for other reasons, such as for drug use. The term does not include commitment for a mental institution in the United States.

Mental institutions: Includes mental health facilities, mental hospitals, institutions, penal facilities, and other facilities that provide care for persons diagnosed by licensed professionals of mental or mental illness; including a psychiatric ward in a general hospital.

25. Allow: Any person who shall be indicted or found guilty in any United States.

26. Collected under subcontract: Includes any arrest warrant issued by a grand jury or indictment issued by the United States.

27. Electronic: Includes any arrest warrant issued by a grand jury or indictment issued by the United States.

28. Certification: Includes any arrest warrant issued by a grand jury or indictment issued by the United States.
Security Risk Assessment Forms

- FD-961 forms can be found at fbi.gov (search FD-961)
- The Instructions do not need to be mailed with the form when submitting the SRA
- Fingerprint card packets - can be obtained by faxing 304-625-3984 or can be printed out from fbi.gov (search FD-258)
- Mail all completed forms, questions and updated forms to fd961@leo.gov
POINTS OF CONTACT

SSA Grant R. Blevins
Unit Chief
304-625-3994 office
grblevins2@fbi.gov

Kimberly A. Webber
Supervisory Personnel Security Specialist
304-625-4164 office
304-476-4484 cell
kawebber@fbi.gov

Michael W. Fleming
Personnel Security Specialist
304-625-4672 office
304-476-3107 cell
mwfleming@fbi.gov

BRAG 24 hour line: 304-625-4900