

# BIOTERRORISM RISK ASSESSMENT GROUP (BRAG)



FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION  
SERVICES DIVISION  
CLARKSBURG, WEST VIRGINIA

# 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

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

FD-961 (Rev. 02-16-2018)

OMB No. 1110-0039 (Exp. 04-30-2021)

## FEDERAL BUREAU OF INVESTIGATION BIOTERRORISM PREPAREDNESS ACT: ENTITY/INDIVIDUAL INFORMATION

18 U.S.C. Section 1001 states that knowingly and willfully falsifying or concealing a material fact is 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 space provided.

For clarification on how to answer the questions see the FD-961 Instructions.

Section I: Entity Information	
1. Legal Name of Entity	1a. State
2. Entity Registration Number	
3. Are you registered at more than one (1) entity? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 (UIN Supplied by Sponsor)	
6. Position	
7. Name <small>If you have only initials in your name, use them and state (IO) If you are a "Jr.," "Sr.," "II," etc. enter this in the box labeled Suffix, or if you have no middle name, enter "NMN". If you have no suffix, enter "N/A"</small>	
7a. Last Name	7b. Suffix
7c. First Name	
7d. Middle Name	
7e. Aliases/Maiden Name (Last, First, Middle)	
7f. Nicknames	
8. Date of Birth (MM/DD/YYYY)	9. Social Security Number
10. Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	11. Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/>
12. Race (Mark all races that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Unknown	
13. Residence Address (Number, Street, City, State, Zip Code)	
14. Have you lived in any state other than the one listed in question 13 since the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	
14a. If yes, list all previous states of residence.	
15. Place of Birth (City and State or Foreign Country)	
16. Country or Countries of Citizenship	
17. Renounced Country or Countries of Citizenship	
18. Home Phone Number(s)	19. Cell Phone Number(s)
20. Driver's License Number and Issuing State	
21. List all email addresses	

Complete all sections of the form or put "none" or "not applicable" in the box

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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)

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Applicant's Initials \_\_\_\_\_

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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)

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UIN - same for  
all entities where  
you are  
registered

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

Question 20 - Driver's License and Issuing State

Applicant's Initials - can be typed or written

Section III: Certification Questions	
<b>22. NOTE: If you mark "yes" or "unsure" for questions 22a – 22i you must attach a statement and any supporting documentation to the FD-961 in order for the SRA to be processed.</b>	
22a. Are you under indictment or information in any court for any crime for which the judge could imprison you for more than one year?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
22b. Have you been convicted in any court for a crime for which the judge could have imprisoned you for more than one year even if you received a shorter sentence including probation?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
22c. Are you a fugitive from justice?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
22d. Are you an unlawful user of any controlled substance (as defined in Section 102 of the Controlled Substance Act [21 U.S.C. 802]) <b>NOTE: The use of any controlled substance (including marijuana) is illegal at the federal level even though it may be legalized in your state.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
22e. Have you ever been adjudicated as a mental defective or been committed to any mental institution?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
22f. Are you an alien illegally or unlawfully in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
22g. (I) Are you an alien (other than an alien lawfully admitted for permanent residence) who is a national of a State Sponsor of Terrorism; or (II) acts for or on behalf of, or operates subject to the direction or control of, a government or official of a State Sponsor of Terrorism?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
22h. Have you been discharged from the Armed Forces of the United States under dishonorable conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
22i. Are you a member of, act for or on behalf of, or operate subject to the direction or control of a terrorist organization (as defined in Section 212 of the Immigration and Nationality Act [8 USC 1182])	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>

Section IV: Citizenship/Foreign Place of Birth	
23. Mark the box that reflects your current citizenship status.	
<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Proceed to Section V)	
<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. (Answer 23a, 23b)	
<input type="checkbox"/> I am not a U.S. citizen. (Answer 23a, 23c)	
23a. Your Mother's Maiden Name _____	
23b. If you are a U.S. citizen, but were not born in the U.S., provide one or more of the following proofs of your citizenship.	
Naturalization Certificate (Where were you naturalized?)	
Court _____	City _____ State _____ Certificate Number _____ Month/Day/Year Issued _____
Citizenship Certificate (Where was the certificate issued?)	
City _____	State _____ Certificate Number _____ Month/Day/Year Issued _____
State Department Form 240 <b>Report of Birth Abroad of a Citizen of the United States</b> (Attach a copy of the certificate)	
Give the date the form was prepared and give an explanation if needed _____	Month/Day Year _____ Explanation _____
23c. If you are an alien, provide the following information:	
Place you entered the United States _____	City _____ State _____ Date you entered _____ Alien Registration Number _____

# 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

**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 3/8 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 1200 x 1200 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)

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

Photos must be in color  
- write your name or  
UIN on back of photo

**Section VI: Privacy Act Statement****Authority:**

Collection of this information is authorized under Public Law 107-188; 18 U.S.C. § 175b; 28 U.S.C. § 534; 42 U.S.C. § 262a; 7 CFR Part 331; 9 CFR Part 121; 42 CFR Part 73.

**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 NCI 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 authorize 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 \$15.44 with the average burden hours per person estimated to be 1.5 hours.

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

**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 of 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 individuals 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 elicit information 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

Questions concerning completion of the FD-961 Form can be directed to BRAG at 304-625-4900.

**Accessing the FD-961 Form and Instructions**

The FD-961 Form and these instructions can be found on the FBI's website at [www.fbi.gov](http://www.fbi.gov) (search FD-961).

**Requesting Fingerprint Cards**

Fingerprint card packages can be obtained by facing a request to the CJIS Division at 304-625-3984. The request should include the following: entity name, point of contact, mailing address, contact's telephone number and quantity of requested bioterrorism fingerprint card packages. The fingerprint card can also be printed out from the FBI's website at [www.fbi.gov](http://www.fbi.gov) (search FD-258).

**Completion of Fingerprint Cards**

The fingerprint card packet consists of two fingerprint cards, general instructions, fingerprint instructions, and a pre-addressed return envelope. The following fields should be completed on the fingerprint cards: residence, employer and address, name, aliases, citizenship, social security number, sex, race, height, weight, eye color, hair color, date of birth and place of birth. The applicant must have the two fingerprint cards printed by a local law enforcement agency. The individual or entity must arrange for this service. In most instances, law enforcement offices will charge a fee for this service. The two fingerprint cards and completed FD-961 Form must be submitted to the FBI as one package for the security risk assessment to be completed. The FBI may request a second set of prints to process in the event that the initial two fingerprint cards are rejected from the Integrated Automated Fingerprint Identification System for image quality.

**Requirements for New or Inactive Applicants**

For applicants that do not have an active Security Risk Assessment (SRA) on file with the Bioterrorism Risk Assessment Group (BRAG), the FD-961 Form and two legible fingerprint cards must be completed and mailed as one package to:

Bioterrorism Risk Assessment Group, BTC 2  
Criminal Justice Information Services Division  
Federal Bureau of Investigation  
1000 Custer Hollow Road  
Clarksburg, WV 26306

-- OR --

Assistant Director  
Criminal Justice Information Services  
Federal Bureau of Investigation  
PO Box 4142  
Clarksburg, WV 26302-9922

**Requirements for Active Applicants**

If the applicant has an active SRA on file with BRAG, the FD-961 Form can be completed and emailed to BRAG at [FD961@leo.gov](mailto:FD961@leo.gov). Please ensure that the photo is scanned according to the digital image requirements on page 3 of the FD-961. Fingerprint cards are not required; however, BRAG reserves the right to request additional fingerprint cards if necessary.

**Federal Select Agent Program (FSAP) Information**

Please refer to the APHIS/CDC National Select Agent website at [www.selectagents.gov](http://www.selectagents.gov) or contact your APHIS or CDC Representative for questions regarding the FSAP. General guidance can be found at the website including who requires an SRA, obtaining a Unique Identifying Number (UIN), expediting an SRA, and other frequently asked questions.

**Completion of FD-961 Form**

*Please note that incomplete, expired (Rev. 10-19-2015 and earlier) or outdated forms (signature date exceeds 90 days) will not be processed.*

- All questions on this form must be answered. If no response is necessary or applicable indicate this on the form (enter "N/A" or "not applicable"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
- Type or legibly print your answers.
- All names must be given in the following format: last, first, middle.
- All telephone numbers must include area code.
- Forms submitted prior to a foreign national's entry into the U.S. will return an immigration check result of "no record of legal entry into the U.S." The SRA will be completed and the individual will be identified as a restricted person (unlawful or illegal alien). If a foreign national will be in the U.S. briefly and completion of the SRA is urgent, an expedited SRA request can be submitted to APHIS or CDC once the individual enters the country.
- Initial pages 1-4 of the FD-961, either typed or handwritten and sign page 5. The RO/ARO must sign page 5 of the FD-961 prior to it being submitted to BRAG for processing.
- If you need additional space for any questions on the FD-961 attach a blank piece of paper with your answers and include your name and UIN.

Use the following decision charts to help in answering questions 11 and 12.

**Ethnic Categories ("Hispanic or Latino" and "Not Hispanic or Latino")**

- Hispanic or Latino:** An indication that the person traces his or her origin or descent to Mexico, Puerto Rico, Cuba, Central and South America, and other Spanish cultures, regardless of race.

**Racial Categories**

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Section III: Certification Questions**

18 U.S.C. § 1001 states that knowingly and willfully falsifying or concealing a material fact is a felony that may result in fines or imprisonment for not more than 5 years or both.

22a – 22i: Answer all questions with a "yes", "no" or "unsure" in the boxes provided. FD-961 Forms with questions left blank will not be processed.

If the applicant is not sure how to answer any question, they should check "not sure". For any questions answered "yes" or "not sure", the applicant must provide additional information or supporting documentation to assist BRAG in processing the SRA. This information can include court documents, arresting agency information, arrest date, charges, etc. For medical documentation the applicant should contact the medical facility, sign a release and have the medical facility mail the documentation directly to BRAG.

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

**22a. Indictment** - Includes an indictment or information in any court, under which a crime punishable by imprisonment for a term exceeding 1 year may be prosecuted, or in military cases to any offense punishable by imprisonment for a term exceeding 1 year which has been referred to a general court-martial. An information is a formal accusation of a crime, differing from an indictment in that it is made by a prosecuting attorney and not a grand jury.

**22b. Crime punishable by imprisonment for a term exceeding 1 year** - Any Federal, State or foreign offense for which the maximum penalty, whether or not imposed, is capital punishment or imprisonment in excess of 1 year. What constitutes a conviction of such a crime shall be determined in accordance with the law of the jurisdiction in which the proceedings were held. Any conviction which has been expunged or set aside or for which a person has been pardoned shall not be considered a conviction.

**22c. Fugitive from justice** - Any person who has fled from any state to avoid prosecution for a felony or a misdemeanor; or a person who leaves the state to avoid giving testimony in any criminal proceeding; or a person who knows that misdemeanor or felony charges are pending against such an individual and who leaves the state of prosecution and does not appear before the prosecuting tribunal. Fugitives from justice do not include individuals who are charged with crimes and there is no evidence that they left the state. A person is not a fugitive from justice merely because he or she has an outstanding civil traffic citation.

**22d. Unlawful user of or addicted to any controlled substance** - A person who uses a controlled substance and has lost the power of self-control with reference to the use of controlled substance; and any person who is a current user of a controlled substance in a manner other than prescribed by a licensed physician. Such use is not limited to the use of drugs on a particular day, or within a matter of days or weeks before, but rather that the unlawful use has occurred recently enough to indicate that the individual is actively engaged in such conduct. A person may be an unlawful current user of a controlled substance even though the substance is not being used at the precise time the person seeks access to biological select agents and toxins. An inference of current use may be drawn from evidence of a recent use or possession of a controlled substance or a pattern of use or possession that reasonably covers the present time, e.g., a conviction for use or possession of a controlled substance within the past year; multiple arrests for such offenses within the past 5 years if the most recent arrest occurred within the past year; or persons found through a drug test to use a controlled substance unlawfully, provided that the test was administered within the past year. For a current or former member of the Armed Forces, an inference of current use may be drawn from recent disciplinary or other administrative action based on confirmed drug use, e.g., court-martial conviction, non-judicial punishment, or an administrative discharge based on drug use or drug rehabilitation failure.

**Controlled Substance** - A drug or other substance, or immediate precursor, as defined in section 102 of the Controlled Substances Act, 21 U.S.C. 802. The term includes, but is not limited to, marijuana, depressants, stimulants, and narcotic drugs. The term does not include distilled spirits, wine, malt beverages, or tobacco, as those terms are defined or used in Subtitle E of the Internal Revenue Code of 1954, as amended.

**NOTE: The use of any controlled substance (including marijuana) is illegal at the federal level even though it may be legalized in your state.**

**22e. Adjudicated as a mental defective** - (a) A determination by a court, board, commission, or other lawful authority that a person, as a result of marked subnormal intelligence, or mental illness, incompetency, condition or disease: (1) is a danger to himself or to others; or (2) lacks the mental capacity to contract or manage his own affairs. (b) The term shall include (1) a finding of insanity by a court in a criminal case; and (2) those persons found incompetent to stand trial or found not guilty by reason of lack of mental responsibility pursuant to articles 50a and 72b of the Uniform Code of Military Justice, 10 U.S.C. 850a, 876b.

**Committed to a mental institution** - A formal commitment of a person to a mental institution by a court, board, commission, or other lawful authority. The term includes a commitment to a mental institution involuntarily. The term includes commitment for mental defectiveness or mental illness. It also includes commitments for other reasons, such as for drug use. The term does not include a person in a mental institution for observation or a voluntary admission to a mental institution.

**Mental institution** - Includes mental health facilities, mental hospitals, sanitariums, psychiatric facilities, and other facilities that provide diagnoses by licensed professionals of mental retardation or mental illness, including a psychiatric ward in a general hospital.

**22f. Alien** - Any person not a citizen or national of the United States.

**Alien illegally or unlawfully in the United States** - Aliens who are unlawfully in the United States are not in valid immigrant, nonimmigrant or parole status. The term includes any alien (a) who unlawfully entered the United States without inspection and authorization by an immigration officer and who has not been paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act (INA); (b) who is a nonimmigrant and whose authorized period of stay has expired or who has violated the terms of the nonimmigrant category in which he or she was admitted; (c) paroled under INA section 212(d)(5) whose authorized period of parole has expired or whose parole status has been terminated; or (d) under an order of deportation, exclusion, or removal, or under an order to depart the United States voluntarily, whether or not he or she has left the United States.

**22g.** - (i) An alien (other than an alien lawfully admitted for permanent residence) who is a national of a country as to which the Secretary of State has made a determination that such country has repeatedly provided support for acts of international terrorism or, (ii) any individual (regardless of nationality) that acts for or on behalf of, or operates subject to the direction or control of, a government or official of the countries listed below.

State Sponsor of Terrorism	Designated Date
Syria	12-29-1979
Iran	01-19-1984
Sudan	08-12-1993
Democratic People's Republic of Korea (North Korea)	11-20-2017

**22h. Discharged under dishonorable conditions** - Separation from the U.S. Armed Forces resulting from a dishonorable discharge or dismissal adjudged by a general court-martial. The term does not include any separation from the Armed Forces resulting from any other discharge, e.g. a bad conduct discharge.

**22i. Terrorist organization** - An organization (i) designated by the Secretary of State as a foreign terrorist organization (ii) otherwise designated by the Secretary of State in consultation with or upon the request of the Attorney General or the Secretary of Homeland Security as a terrorist organization; or (iii) that is a group of two or more individuals, whether organized or not, which engages in, or has a subgroup which engages in terrorist activity [as defined in 8 U.S.C. 1182 (a)(3)(B)]

**Section VII: Certification and Consent of Applicant**

By signing, the applicant certifies that all questions on the FD-961 are true, correct and complete. Also, the applicant's signature gives consent to the U.S. Department of Justice to complete the SRA. The printed name must be legible. The signature date must be current (occurring within the last 90 days).

Digital and electronic signatures are not acceptable. The applicant is required to initial or type their initials at the bottom of each page (except page 5) of the FD-961 where indicated.

**Section VIII: Certification of Responsible or Alternate Responsible Official**

By signing, the RO or ARO certifies that the completed FD-961 Form was reviewed for completeness, legibility, and that the certification questions have been reviewed and handled accordingly. Digital and electronic signatures are not acceptable. Please include an email address for requests for additional or incomplete information.

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

# Security Risk Assessment Forms

- FD-961 forms can be found at [fbi.gov](http://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](http://fbi.gov) (search FD-258)
- Mail all completed forms, questions and updated forms to [fd961@leo.gov](mailto: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**

**mwflaming@fbi.gov**

**BRAG 24 hour line: 304-625-4900**