CITY OF CAMBRIDGE CAMBRIDGE PUBLIC HEALTH COMMISSION

Application for Recombinant DNA Users Permit

To the Commissioner:

The undersigned hereby apply for a permit to use Recombinant DNA pursuant to Chapter 8.20 of the General Ordinances of the City of Cambridge.

This application is for biosafety BL -	containment level (circle all that app BL - 2	oly): BL - 3
Special use (attach separate she	et listing all details) ()	
Name of Institution/Company:		
Mailing Address:		
	eutive officer of institution/company:	
Office:		
Phone No.	Phone No.	
Name and address of officer on	charge of RDNA experimentation ar	nd use:
Name:		
Office:	Home: _	
Phone No.	Phone No.	

Institutional Biohazard Committee: please attach a separate list of the members of the I.B.C., include title, academic degrees, and office and home addresses and phone numbers for all members. Please designate the member approved or to be approved by the Cambridge Health Policy Board.

I,		of			
-	(chief executive officer)	(institution)	_		
		do hereby swear and affirm that all of the facts conta	ained in		
this	s application and all attachments are true.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	date	/s/			
ъ <i>т</i> :			_		
IVII	ddlesex, ss.				
Sul	bscribed and sworn before me on	by			
			_		
		Notary public-justice of the peace			
	ord of the corporate vote.) e hereby agree, as a condition for the issuance of	of an RDNA user permit, as follows:			
1)		er 8.20 of the General Ordinances of the City of Cambrid	ge ("the		
1)	ordinance"), and the Committee policies and		ge (the		
2)	· · · · · · · · · · · · · · · · · · ·	al laws and/or regulations especially those which relate to	o nublic		
<i>_</i>)	health, public safety and the environment;	in taws and/or regulations especially those which relate to	o puone		
3)	•	set forth in any RDNA user permit which may be issued	l to us:		
<i>3)</i> 4)	o comply with any conditions or regulations set forth in any RDNA user permit which may be issued to us; nat we acknowledge that all RDNA experimentation or use constitutes a strictly regulated activity, and as such,				
7)	agree and consent to any inspection of out facilities or records deemed appropriate by the Cambridge Biosafety				
	Committee, the Commissioner or their design		Diosaicty		
5)	•	fined in the ordinance and to keep said manual current an	ud un to		
3)	date as any changes in the guidelines, ordinar	•	d up to		
6)	to comply with any regulations promulgated l				
o) 7)	to pay promptly to the City of Cambridge any				
′)	to pay promptry to the City of Cambridge any	y costs of charges pursuant to the ordinance.			
	Witness our hand and seal on this	day of			
	20				
	Institution/C	Company:			
	by				
	Chie	of Executive Officer			

Please attach a copy of the institution's Health and Safety Manual and an outline of the proposed safeguards and procedures training program for personnel using RDNA.

Facility Locations for RDNA use: please attach a list of the principal investigators and the offices which they control for RDNA use with exact locations. Identify rooms used or proposed to be used for BL - 3 experiments and their status in regard to compliance with the guidelines.