



CITY OF WALTHAM

MASSACHUSETTS

BOARD OF HEALTH

JOHN P. ZUPPE

DIRECTOR OF PUBLIC HEALTH

RECOMBINANT DNA TECHNOLOGY PERMIT APPLICATION

New _____ Renewal _____

Business Name: _____

Business Address: _____

Phone Number: _____

If moving, prior address: _____

Principal Investigator (PI): _____

Email address: _____

Bio Safety Officer (BSO): _____

Email address: _____

Fee: \$300.00 - Checks payable to the City of Waltham

A copy of the "Bio Safety Plan" shall be submitted with this application.

SIGNATURE: _____

PRINT NAME: _____

Sent to the Waltham Bio Safety Committee _____
Date

Recommendation: Approve _____ Disapprove _____

Board of Health _____

Date Received _____ Approved _____ Permit – Issued/Mailed _____
Check # _____ Cash _____

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