



CITY OF WALTHAM

MASSACHUSETTS

BOARD OF HEALTH

MICHELLE M. FEELEY

DIRECTOR OF PUBLIC HEALTH

RECOMBINANT DNA TECHNOLOGY PERMIT APPLICATION

New _____ Renewal _____ Year _____

Business Name: _____

Business Address: _____

Phone Number: _____

Principal Investigator: _____

Email address: _____

Bio Safety Officer : _____

Email address: _____

REQUIRED: 24 Hour contact name/phone number/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: _____

Check # _____ Dated _____

Cash _____ Received _____