

On behalf of the Institution identified below, we acknowledge that the materials requested from American Type Culture Collection (ATCC) on behalf of BEI Resources represent a potential hazard to the public health and/or agricultural crops or products, including but not limited to viable microorganisms or toxins that may cause human disease. This Customer Acceptance of Responsibility (CAR) acknowledges the shipping address provided below meets all certifications on this form. **Note: If multiple shipping addresses are needed, a CAR form must be submitted for each address.**

PLEASE PRINT

Institution: _____

Department: _____

Shipping Address: _____

City: _____

State: _____ Postal code: _____

Country: _____

Telephone: _____ Fax: _____

On behalf of the Institution, we hereby certify that our Institution shall: (1) ensure that only qualified scientists work with these materials in proper facilities; (2) provide sufficient internal security to assure access to these materials only by those individuals authorized to work with them; (3) not transfer, export, resell, or otherwise dispose of any items supported by this statement to any third party under any circumstances without express written authorization from ATCC and the appropriate government agencies; (4) not permit access to the materials by foreign nationals when to do so would constitute a violation of export control laws; (5) maintain adequate insurance coverage for liability to any party that might be injured by release of these materials; (6) comply with all applicable federal, state, or local laws and regulations pertaining to these materials or their handling, storage, use, transportation; and (7) destroy all materials according to accepted practices for destruction of microbiological cultures or reagents upon completion of work.

We understand that by providing this signed form to ATCC on behalf of BEI Resources we are accepting responsibility for these agents and all risks associated with handling of them in our facility, as well as any adverse events resulting from our violation of the security requirements or unauthorized dissemination of the agents.

Print Full Name of Registrant: _____

Signature: _____ Date: _____

The undersigned officer of the Institution certifies that he or she has authority to make the above certifications and representations on behalf of the Institution and further warrants that he or she is legally authorized to enter into binding agreements on behalf of the Institution.

Print Full Name of Authorized Institutional Official: _____

Signature: _____ Date: _____

Title: _____