#### **INSTRUCTIONS FOR COMPLETING APHIS FORM 2007**

This Form shall be completed for each supervisory employee responsible for essential steps in production, testing, and initial distribution of biological products. Send one copy to CVB.

- Item 1 Self-explanatory
  - 2 "High school" need not be listed if education includes at least one year in an accredited college or university requiring a high school diploma for admission.
  - **3A** List present position first and work back.
  - 3B Self-explanatory
  - **3C & D** Show length of time in each position, including present position.
  - **3E** Use official title from company records. If that title is not descriptive, add a descriptive title and identify with the initials "DT" (descriptive title).
  - 4 & 5 Self-explanatory

This report is required by regulations (9 CFR 102.4 and 114.7). Failure to report can result in suspension or revocation of establishment license.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0579-0013. The time required to complete this information collection is estimated to average 0.2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

1. NAME OF EMPLOYEE (Last, first, middle)

#### OMB NO. 0579-0013

#### U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES CENTER FOR VETERINARY BIOLOGICS

### QUALIFICATIONS OF VETERINARY BIOLOGICS PERSONNEL

(See instructions on attached page.)

2. EDUCATION								
NAME OF HIGH SCHOOL, COLLEGE, OR UNIVERSITY	NO. OF YEARS COMPLETED	DATES ATTENDED						
		From	То	MAJOR SUBJECTS	DEGREE	DATE CONFERRED		
(A)	(B)	(C)	(D)	(E)	(F)	(G)		

## 3. BIOLOGICS WORK EXPERIENCE

NAME AND ADDRESS OF	ESTAB. LIC. NUMBER (if known)	PERIOD				
ESTABLISHMENT		From	То	TITLE OF POSITION HELD	RELATED WORK PERFORMED (if more space is needed, attach sheet)	
(A)	(B)	(C)	(D)	(E)	(F)	
			Present			
(See Privacy Act Notice	4. SIGNATUR	5. DATE PREPARED				
at the bottom of Form)						
	Previous editions are obsolete					

(NOV 2001)

# PRIVACY ACT NOTICE

The information requested on this form will not be retrieved from our files by using your name or personal identifier and is therefore, in the opinion of this Agency, not subject to provisions of the Privacy Act of 1974. However, in keeping with the spirit and intent of the Privacy Act we are informing you of the following:

Authority: 9 CFR Section 114.7(a)

Purpose: That compliance with the Act and applicable regulations be under supervision of person(s) competent in the preparation of biological products.

Routine uses: To determine that the responsible person(s) producing biological products are qualified by training and experience and have demonstrated fitness to produce such products in compliance with the Act.

Effects of failure to furnish information:

Failure to report can result in suspension or revocation of establishment license. Failure to provide the requested personal information will result in no personal penalties or adverse consequences.