

SUBMIT IN TRIPLICATE (Submit in QUADRUPPLICATE if you desire copy returned to you.)

APPLICATION FOR AUTHORIZATION TO RELABEL OR TO PERFORM OTHER ACTION OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT AND OTHER RELATED ACTS

FORM APPROVED: OMB No. 0910-0025
EXPIRATION DATE: 5/31/10

Public reporting burden for this collection of information is estimated to average 25 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing of review of the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the address to the right:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer (HFA-710)
5600 Fishers Lane
Rockville, MD 20857

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

TO: DIRECTOR _____ District, Food and Drug Administration	DATE	SAMPLE NO.
	PRODUCT	
Application is hereby made for authorization to bring the merchandise below into compliance with the Act.	ENTRY NO.	ENTRY DATE
	CARRIER	AMOUNT AND MARKS

Redelivery bond has been posted by the applicant. The merchandise will be kept apart from all other merchandise and will be available for inspection at all reasonable times. The operations, if authorized, will be carried out at:

_____ and will require
about _____ days to complete. A detailed description of the method by which the merchandise will be brought into compliance is given in the space below:

We will pay all supervisory costs in accordance with current regulations.

FIRM NAME	ADDRESS OF FIRM
APPLICANT'S SIGNATURE	

ACTION ON APPLICATION

TO: (Name and Address)	DATE
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Your application has been: Denied because: Approved with the following conditions:

Time limit within which to complete authorized operations: _____
When the authorized operations are completed, fill in the importer's certificate on the reverse side and return this notice to this office.

SIGNATURE OF DISTRICT DIRECTOR	DISTRICT	DATE
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IMPORTER'S CERTIFICATE

PLACE	DATE
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I certify that the work to be performed under the authorization has been completed and the goods are now ready for inspection at: _____

The rejected portion is ready for destruction under Customs' supervision and is held at: _____

TYPED NAME OF APPLICANT	SIGNATURE
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REPORT OF INVESTIGATOR / INSPECTOR

TO PORT DIRECTOR OR DISTRICT DIRECTOR	DATE
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I have examined the within-described goods and find them to be the identical goods described herein, and that they have been: _____ on: _____, 20 ____, as authorized, except:

DATA ON CLEANED GOODS

Good Portion: _____

Rejections: _____

Loss (if any): _____

Did importer clean entire shipment? _____

Time and cost of supervision: _____

INSPECTING OFFICER	DATE
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DIRECTOR OF DISTRICT

Disposed of as noted above.

DIRECTOR OF CUSTOMS	DATE
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