DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION
COLLEGE PARK, MD 20740-3835

Form Approved: OMB N0. 0910-0027. Expiration Date: August 31, 2017. See Burden Statement on Reverse of Part I.

TYPE OF SUBMISSION: ☐ ORIGINAL ☐ AMENDED ☐ DISC ☐ BASE

COSMETIC PRODUCT INGREDIENT STATEMENT

(In accordance with 21 CFR 720)

Read Instruction Booklet Before Completing. Type entries in CAPITAL LETTERS.

FOR FDA USE ONLY ON ORIGINAL SUBMISSIONS

FDA CPIS NO. F __ __ __ __ __ __ __

FILING DATE __ __ – __ __ __ – __ __

NOTE: This report is authorized by Public Law 21 U.S.C. 371(a); 21 CFR 720. While you are not required to respond, your cooperation is needed to make the results of this voluntary program comprehensive, accurate, and timely.

01. NAME OF MANUFACTURER / PACKER / DISTRIBUTOR *(On Label)*	11. NAME OF MANUFACTURER / PACKER *(Private Labeler)*
02. KIND OF BUSINESS ☐ MFR ☐ PKR ☐ DISTR	
03. NAME OF PARENT COMPANY *(If any)*	12. NAME OF PARENT COMPANY *(If any)*
04. COMPLETE MAILING ADDRESS:	13. COMPLETE MAILING ADDRESS:
14. IS THIS STATEMENT FILED BY COMPANY 01 OR COMPANY 11? *(Please check one)* ☐ COMPANY 01 ☐ COMPANY 11	15. PRODUCT CATEGORY CODE: ____ ____ ____

BRAND NO.	16. BRAND NAME OF COSMETIC PRODUCT	17. TYPE OF ACTION	18. DATE OF ACTION
01			
02			
03			
04			
05			
06			
07			
08			

19. TYPE NAME AND TITLE OF AUTHORIZED INDIVIDUAL	20. TELEPHONE NO.	21. SIGNATURE AND DATE

FORM FDA 2512 (8/14) CONTINUE COSMETIC PRODUCT INGREDIENT STATEMENT ON FORM FDA 2512a

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 20 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
Paperwork Reduction Act (PRA) Staff
PRAStaff@fda.hhs.gov

"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 number."

OFFICIAL RECEIPT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION
COLLEGE PARK, MD 20740-3835

BRAND NAME OF COSMETIC PRODUCT

1.

2.

COSMETIC PRODUCT INGREDIENT STATEMENT

TO:

FOR FDA USE ONLY

FDA CPIS NO.[1] **F**

FILING DATE

THIS STATEMENT IS

☐ COMPLETE ☐ INCOMPLETE

(If Incomplete, Form FDA 2515 is attached)

[1] Assignment of an FDA Cosmetic Product Ingredient Statement Number (FDA CPIS No.) does not denote in any way approval of the firm or the cosmetic product by the Food and Drug Administration. Any representation in labeling or advertising that creates an impression of official approval because of such filing or such number will be considered misleading. 21 CFR 720.9