

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: 12/31/08

Paper work Reduction Act Statement 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. 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:

Department of Health and Human Services
Food and Drug Administration
15800CrabbsBranchParkway
Rockville, MD 20855-2613

TO: DIRECTOR _____ District Food and Drug Administration Application is hereby made for authorization to bring the merchandise Below into compliance with the Act.	DATE	SAMPLE NO.
	PRODUCT	
	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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