

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.

FILING DATE

F _____ - _____ - _____

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 MF PK DISTR
R R

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

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Public reporting burden for this collection of information is estimated to average 10 minutes 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

DHHS, Reports Clearance Officer
Paperwork Reduction Project (0910-0030)
Hubert H. Humphrey Building, Room 531-H
200 Independence Avenue, S.W.
Washington, DC 20201

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