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

COSMETIC PRODUCT INGREDIENT STATEMENT

(In accordance with 21 CFR 720)

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

Form Approved: OMB N0. 0910-0027. Expiration Date: April 30, 2014.
See Burden Statement on Reverse of Part I.

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

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

Public reporting burden for this collection of information is estimated to average 20 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:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
1350 Piccard Drive, Room 400
Rockville, MD 20852

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.

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