Third-Party Lab Reports Required

## General Certification of Conformity ("GCC") Consumer Product Safety Improvement Act

## See INSTRUCTIONS on Page 2

	MANUFACTURER	IMPORTER
Company Name		Army and Air Force Exchange Service (AAFES)
Street Address		3911 S. Walton Walker Blvd.
City/State/Zip		Dallas, TX 75236
Country		USA
Telephone #		214-312-3411

Product Desc	ription:						
Importer PO				Importer Item			
#:				#:			
UPC Code:			Model #:		Color (if a	pplicable)	
	Product Manufac	tured*					
* If different from a	ddress listed above						
Month/Year of	f Manufacturing				Date of Testing:		
Testing Perfor	<mark>rmed</mark>						
by(Third Party	<mark>/</mark>						
Certified Testing Lab):							
Facility Where Testing was Performed:							
Location of Test Records: AAFES – 214-312-3411							

The Manufacturer and the Importer hereby certify that the product contained within this shipment complies with all applicable rules, bans, regulations and standards under the CPSA (Consumer Product Safety Act) or any other Act enforced by the CPSC as noted below:

List and check all tests, bans and regulations that apply		
1	16 CFR 1303 - Lead in Surface Coatings and substrates (as amended and current) 90 ppm.	
2	Lead H.R. 4040 Section 101 (Lead in substrate) 300 ppm	
3	16 CFR 1500 – Federal Hazardous Substance Act Revised- Mechanical Hazards and Small Parts	
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## **INSTRUCTIONS**

FIELD	INSTRUCTIONS
Manufacturer and Importer	Name, Full mailing Address, and Telephone Number of each of the named entities.
Product Description	Provide a reasonable and complete description of the Product. If the product has multiple colors, and all colors can be certified on the same GCC, then list all colors. If the product has multiple sizes, and all sizes can be certified on the same GCC, then list all sizes.
Importer PO #	List the Customer Purchase Order Number
Importer Item #	List the Customer Item Number (The Customer "SKN" Number)
UPC Code	List the UPC Code of the Product (optional)
Model #	List the Manufacturer's Model Number of the Product (optional)
Color (if applicable)	If Lead testing is required for the Product, the color of the product being certified must be listed.
Facility where Product Manufactured	Name, Full mailing Address, and Telephone Number of the facility where the Product was actually manufactured, if the location is different from that identified above.
Month/Year of Manufacture	List the Month(s) and Year in which the lot of Product was actually manufactured.
Date of Testing	List the Date or Range of Dates over which the testing was performed on the Product.
Testing Performed By	List the name of the Laboratory where testing was performed
Facility Where Testing was Performed	Name, Full mailing Address, and Telephone Number of the facility where the Product was actually tested.
Location of Test Records	Name, Full Mailing Address, and Telephone Number of the entity (Person or Job Title) that maintains record copies of test reports for this Product.
Applicable Acts/Regulations/ Bans/Standards/etc.	Mark the Checkbox for each Act, Regulation, Ban, Standard or other requirement applicable to this Product. Type in the tests performed and list any other applicable requirements.

\*\*Importer: Direct Importer

The supplier must list all applicable rules, bans and regulations that the product was tested for.