

**General Certification of Conformity (“GCC”)  
For  
Consumer Product Safety Improvement Act**

**Adult Wearing Apparel**

See INSTRUCTIONS on Page 2

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

Product Description:					
Importer PO #:		Importer Item #:			
UPC Code:		Model #:		Color (if applicable)	
Facility Where Product Manufactured* * If different from address listed above					
Month/Year of Manufacturing		Date of Testing:			
Testing Performed by:	<b>Complies with and/or is Exempt from the Flammability of Clothing and Textiles Regulation 16 C.F.R. 1610 Exemption checked below.</b>				
Facility Where Testing was Performed:					
Location of Test Records:	<b>AAFES</b>				

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:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | 1. Flammability of Clothing and Textiles 16 CFR. 1610 |
| <input type="checkbox"/> | 2. Exempt 16 CFR 1610 –Fabric over 2.6 oz p sq yard   |
| <input type="checkbox"/> | 3. Exempt 16 CFR. 1610 – Man made Fiber or wool       |
| <input type="checkbox"/> | 4. Exempt 16 CFR. 1610 – Hat, gloves or scarf         |

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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. Use the “Other” blocks to list any applicable requirement not listed in the Chart.

**\*\*Importer: Direct Importer**