

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: October 31, 2000

Paperwork 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 24 hours (minutes) per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to:

OS Reports Clearance Officer
ASMB/Budget/DIOR (0910-0025)
HHH Building, Room 531-H
200 Independence Avenue, SW
Washington, DC 20201

Please **DO NOT RETURN** this form to this address.

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

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

REPORT OF INVESTIGATOR / INSPECTOR

TO

PORT DIRECTOR OR DISTRICT DIRECTOR

DATE

I have examined the within-described goods and find them to be the identical goods described herein, and that they have been: _____ on: _____, 19 __, 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

DIRECTOR OF DISTRICT

Disposed of as noted above.

DIRECTOR OF CUSTOMS

DATE