

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: 1/31/2017

Public reporting burden time for this collection of information is estimated to average .25 hour per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the address to the right:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
Paperwork Reduction Act (PRA) Staff
PRASStaff@fda.hhs.gov

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.

Please do NOT send your completed form to the above PRA Staff email 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 PRODUCT ENTRY NO.	SAMPLE 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
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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
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REPORT OF INVESTIGATOR / INSPECTOR

TO PORT DIRECTOR OR DISTRICT DIRECTOR	DATE
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I have examined the within-described goods and find them to be the identical goods described herein, and that they have been: _____ on: _____, 20 ____, 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
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DIRECTOR OF DISTRICT

Disposed of as noted above.

DIRECTOR OF CUSTOMS	DATE
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