

**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: 10/31/2013

Public reporting burden for this collection of information is estimated to average .25 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing of review of the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the address to the right:

Department of Health and Human Services  
Food and Drug Administration  
Office of Chief Information Officer  
1350 Piccard Drive, Room 400  
Rockville, MD 20850

*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.*

TO: DIRECTOR  _____ District, Food and Drug Administration  Application is hereby made for authorization to bring the merchandise below into compliance with the Act.  CARRIER	DATE  PRODUCT  ENTRY NO.	SAMPLE NO.  ENTRY DATE  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
------------------------	------

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
--------------------------------	----------	------

**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: \_\_\_\_\_, 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
--------------------	------

**DIRECTOR OF DISTRICT**

Disposed of as noted above.

DIRECTOR OF CUSTOMS	DATE
---------------------	------