

TYPE OF SUBMISSION: ORIGINAL AMENDED DISC BASE

COSMETIC PRODUCT INGREDIENT STATEMENT

(In accordance with 21 CFR 720)

FOR FDA USE ONLY ON ORIGINAL SUBMISSIONS

FDA CPIS NO.

FILING DATE

Read Instruction Booklet Before Completing. Type entries in CAPITAL LETTERS.

F _____

NOTE: This report is authorized by Public Law 21 U.S.C. 371(a); 21 CFR 720. While you are not required to respond, your cooperation is needed to make the results of this voluntary program comprehensive, accurate, and timely.

01. NAME OF MANUFACTURER / PACKER / DISTRIBUTOR <i>(On Label)</i>		11. NAME OF MANUFACTURER / PACKER <i>(Private Labeler)</i>	
<input type="text"/>		<input type="text"/>	
02. KIND OF BUSINESS <input type="checkbox"/> MFR <input type="checkbox"/> PKR <input type="checkbox"/> DISTR			
03. NAME OF PARENT COMPANY <i>(If any)</i>		12. NAME OF PARENT COMPANY <i>(If any)</i>	
04. COMPLETE MAILING ADDRESS:		13. COMPLETE MAILING ADDRESS:	
<input type="text"/>		<input type="text"/>	
14. IS THIS STATEMENT FILED BY COMPANY 01 OR COMPANY 11? <i>(Please check one)</i> <input type="checkbox"/> COMPANY 01 <input type="checkbox"/> COMPANY 11		15. PRODUCT CATEGORY CODE: _____	

BRAND NO.	16. BRAND NAME OF COSMETIC PRODUCT	17. TYPE OF ACTION	18. DATE OF ACTION
01	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>

19. TYPE NAME AND TITLE OF AUTHORIZED INDIVIDUAL	20. TELEPHONE NO. ()	21. SIGNATURE AND DATE
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Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

DHHS/FDA/CFSAN
Office of Cosmetics and Colors
Voluntary Cosmetic Registration Program (HFS-125)
5100 Paint Branch Parkway
College Park, MD 20740-3835

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.

OFFICIAL RECEIPT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION
COLLEGE PARK, MD 20740-3835

BRAND NAME OF COSMETIC PRODUCT

1.

2.

COSMETIC PRODUCT INGREDIENT STATEMENT

TO:

FOR FDA USE ONLY

FDA CPIS NO. ¹ **F**

FILING DATE

THIS STATEMENT IS

COMPLETE

INCOMPLETE

(If Incomplete, Form FDA 2515 is attached)

¹ Assignment of an FDA Cosmetic Product Ingredient Statement Number (FDA CPIS No.) does not denote in any way approval of the firm or the cosmetic product by the Food and Drug Administration. Any representation in labeling or advertising that creates an impression of official approval because of such filing or such number will be considered misleading. 21 CFR 720.9