

TYPE OF SUBMISSION:  ORIGINAL  AMENDED

**COSMETIC PRODUCT INGREDIENT STATEMENT**

(In accordance with 21 CFR 720)

**FOR FDA USE ONLY ON ORIGINAL SUBMISSIONS**

FDA CPIS NO. **F** \_\_\_\_\_ FILING DATE \_\_\_\_\_

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

**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.

INGRED NO.	1. COMMON, USUAL, OR CHEMICAL NAME							
	01	2. 9 - DIGIT CAS NO.	3. TYPE OF ACTION	4. DATE OF ACTION	5. CONF			
		6. BASE CPIS NO. <b>F</b> _____	7. BASE NAME OR TRADE NAME MATERIAL <b>B</b> _____	8. COMPANY NAME				
02	1. COMMON, USUAL, OR CHEMICAL NAME							
	2. 9 - DIGIT CAS NO.	3. TYPE OF ACTION	4. DATE OF ACTION	5. CONF				
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	2. 9 - DIGIT CAS NO.	3. TYPE OF ACTION	4. DATE OF ACTION	5. CONF				
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08	1. COMMON, USUAL, OR CHEMICAL NAME							
	2. 9 - DIGIT CAS NO.	3. TYPE OF ACTION	4. DATE OF ACTION	5. CONF				
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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.*