

Screen 1 :

The screenshot displays the CAP (Certificate Application Process) main menu. At the top left, the text "CAP Certificate Application Process" is shown in orange and black. To the right is the FDA logo and a link labeled ">> FURLS HOME". Below this is a dark header bar with the text "CAP MAIN MENU". On the left side, there are four buttons: "Enter New Application", "Modify Application", "Search Application", and "Print Application". On the right side, there are three informational boxes: "Form Approval: OMB No.0910-0498", "Expiration date:3/31/2015 See OMB Statement at end of form", and "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." Below these is a "Please Note:" section with a warning: "The system will automatically time out if there is no activity for 30 minutes and you will need to re-do your work from the beginning."

CAP Certificate Application Process |  >> FURLS HOME

CAP MAIN MENU

Enter New Application

Modify Application

Search Application

Print Application

Form Approval: OMB No.0910-0498

Expiration date:3/31/2015
See OMB Statement at end of form

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 Note:

The system will automatically time out if there is no activity for 30 minutes and you will need to re-do your work from the beginning.

Screen 2:



Get Help 

*These fields are required

*CERTIFICATE TYPE

Cosmetics  

<< Back to Main

>> Continue

Screen 3:



Step 01

Step 02

Step 03

Step 04

Step 05

Step 06



Get Help

If any information is incorrect, please click on [here](#) and make the necessary updates to your OAA account.

SECTION 1 REQUESTER INFORMATION

*** - These fields are required**

*COMPANY NAME

comp1

*COUNTRY

UNITED STATES ▾

*ADDRESS LINE 1

11820 Parklawn drive

ADDRESS LINE 2

*ZIP/POSTAL CODE

20852

***CITY**

Rockville ▾

***STATE OR PROVINCE**

Maryland ▾

***TITLE**

--Please Select-- ▾

***CONTACT PERSON FIRST NAME**

Robert

***CONTACT PERSON LAST NAME**

Abcd

Numbers only. No spaces, dashes or parentheses. Country Code not required for US phone numbers.

	Country Code (e.g.033)	Area/City Code (e.g.101)	Phone Number (e.g.5551111)	Extension (e.g.1111)
*CONTACT PHONE	<input type="text"/>	301	7709610	<input type="text"/>

	Country Code (e.g.033)	Area/City Code (e.g.101)	Fax Number (e.g.5551111)
CONTACT FAX	<input type="text"/>	<input type="text"/>	<input type="text"/>

***CONTACT EMAIL**

abcd@email.com

SECTION 2

EXPORTING COMPANY INFORMATION

SAME AS REQUESTER INFORMATION

***COMPANY NAME**

*COUNTRY

UNITED STATES ▼

*ADDRESS LINE 1

ADDRESS LINE 2

*ZIP/POSTAL CODE

*CITY

--Please Select-- ▼

*STATE OR PROVINCE

--Please Select-- ▼

*TITLE

--Please Select-- ▼

*CONTACT PERSON FIRST NAME

*CONTACT PERSON LAST NAME

Numbers only. No spaces, dashes or parentheses. Country Code not required for US phone numbers.

	Country Code	Area/City Code	Phone Number	Extension
	(e.g.033)	(e.g.101)	(e.g.5551111)	(e.g.1111)
*CONTACT PHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Country Code	Area/City Code	Fax Number
	(e.g.033)	(e.g.101)	(e.g.5551111)
CONTACT FAX	<input type="text"/>	<input type="text"/>	<input type="text"/>

*CONTACT EMAIL

◀ Back

▶ Save & Exit

▶ Continue

◀ Cancel & Start Again

Screen 4:

CAP Certificate Application Process |  >> FURLS HOME
>> CAP HOME

Step 01 Step 02 Step 03 Step 04 Step 05 Step 06

Get Help 

SECTION 3 TYPE OF 'CERTIFICATE' REQUESTED

PRODUCT SPECIFIC: Number of Certificates requested
You must type a "PRODUCT LIST" for each certificate requested. This product list will be attached to your export Certificate. For each product include the exact brand name as it appears on the label.

- OR -

GENERAL: Number of Certificates requested

Screen 5:



Step 01

Step 02

Step 03

Step 04

Step 05

Step 06



Get Help

<< Back to Step 02

>> Save & Exit

>> Continue to Step 4

<< Cancel & Start Again

This section is not required. The requester has provided an email address and, if approved, the system will email the certificate package to the requester's email address. This page is auto-filled. Click 'Continue' to proceed

SECTION 4A SEND CERTIFICATE TO

ENTITY/ACCOUNT TO WHICH FDA SHOULD SEND THE CERTIFICATE

REQUESTER EXPORTER OTHER

SECTION 4B SEND INVOICE TO

ENTITY/ACCOUNT TO WHICH FDA SHOULD SEND THE INVOICE

REQUESTER EXPORTER OTHER

SECTION 5 CERTIFICATE DELIVERY

Certificates will be mailed via the U.S. Postal Service (regular mail) unless you make special arrangements as follows:

CARRIER NAME (express label)

Please Select

YOUR ACCOUNT NUMBER (If applicable)

<< Back to Step 02

>> Save & Exit

>> Continue to Step 4

<< Cancel & Start Again

Screen 6:



Step 01

Step 02

Step 03

Step 04

Step 05

Step 06



Get Help

<< Back to Step 03

>> Save & Exit

>> Continue to Step 5

<< Cancel & Start Again

SECTION 6 FEES

\$10 for each certificate. Do not send money. You will receive an invoice.

TOTAL : **\$10**

<< Back to Step 03

>> Save & Exit

>> Continue to Step 5

<< Cancel & Start Again

Screen 7:



Get Help

[« Back to Step 04](#) [» Save & Exit](#) [» Continue to Step 6](#)
[« Cancel & Start Again](#)

SECTION 7 SIGNATURE

*Required

The requester hereby presents and acknowledges that the company is aware that in making this request the company is subject to the terms and provisions of Title 18, Section 1001, United States Code which makes it a criminal offense to falsify, conceal, or cover up a material fact; make any materially false, fictitious, or fraudulent statement or representation; or make or use any false writing or document knowing the same to contain any material false, fictitious, or fraudulent statement or entry.

I Agree.

*NAME:

*TITLE:

[« Back to Step 04](#) [» Save & Exit](#) [» Continue to Step 6](#)
[« Cancel & Start Again](#)

Screen 8:



Step 01 Step 02 Step 03 Step 04 Step 05 Step 06



Get Help

Please review your application. If all information is correct, click the **Submit** button below. To make changes to a section, click the **Edit** button for that section.

Date: 04/25/2013

Created Date: 04/25/2013 12:30:52

Certificate Type: Cosmetics

Application Status:

SECTION 1 REQUESTER INFORMATION

EDIT

COMPANY NAME: comp1

ADDRESS LINE 1: 11820 Parklawn drive

ADDRESS LINE 2:

CITY: Rockville

STATE: Maryland

ZIP/POSTAL CODE: 20852

COUNTRY: United States

CONTACT PHONE: 301 7709610

CONTACT FAX:

CONTACT PERSON NAME: Robert Abcd

CONTACT EMAIL : abcd@email.com

SECTION 2 EXPORTING COMPANY INFORMATION

EDIT

COMPANY NAME: comp1

ADDRESS LINE 1: 11820 Parklawn drive

ADDRESS LINE 2:

CITY: Rockville

STATE: Maryland

ZIP/POSTAL CODE: 20852

COUNTRY: UNITED STATES

CONTACT PHONE: 001 301 7709610

CONTACT FAX:

CONTACT PERSON NAME: Robert Abcd

CONTACT EMAIL : abcd@email.com

SECTION 3 TYPE OF 'CERTIFICATE' REQUESTED

EDIT

GENERAL NUMBER OF CERTIFICATES REQUESTED: 1

SPECIAL INSTRUCTIONS:

SECTION 4A SEND CERTIFICATE TO

ENTITY/ACCOUNT TO WHICH FDA SHOULD SEND THE CERTIFICATE

Requester Exporter Other

SECTION 4B SEND INVOICE TO

ENTITY/ACCOUNT TO WHICH FDA SHOULD SEND THE INVOICE

Requester Exporter Other

SECTION 5 CERTIFICATE DELIVERY

Certificate will be delivered to your account.

CARRIER NAME :

ACCOUNT NUMBER (If applicable):

SECTION 6 FEES

\$10 for each certificate. Do not send money. You will receive an invoice.

Copies of Certificate: 1

Total fee for 1 certificates: \$10

SECTION 7 SIGNATURE

EDIT

The requester hereby presents and acknowledges that the company is aware that in making this request the company is subject to the terms and provisions of Title 18, Section 1001, United States Code which makes it a criminal offense to falsify, conceal, or cover up a material fact; make any materially false, fictitious, or fraudulent statement or representation; or make or use any false writing or document knowing the same to contain any material false, fictitious, or fraudulent statement or entry.

I Agree.

Name: Name

Title: Title

Date: 04/25/2013

Screen 9:

Form Approved: OMB No. 0910-0498; Expiration Date: 3/31/2015		
Department of Health and Human Services Food and Drug Administration Center for Food Safety and Applied Nutrition	OFFICE OF COSMETICS AND COLORS "CERTIFICATE" (EXPORTS) APPLICATION	Date: 04/25/2013
1. Requester Information		
Company name: comp1	Address: 11820 Parklawn drive	
Contact person name: Robert Abcd		
Contact phone 301 7709610	City: Rockville	
Contact fax:	State: Maryland	ZIP/postal code: 20852
Contact email: abcd@email.com	Country: United States	
2. Exporting Company Information (the name and address to appear on the certificate)		
Company name: comp1	Address: 11820 Parklawn drive	
Contact person name: Robert Abcd		
Contact phone 001 301 7709610	City: Rockville	
Contact fax:	State: Maryland	ZIP/postal code: 20852
Contact email: abcd@email.com	Country: UNITED STATES	
3. Type of 'Certificate' Requested		
<input checked="" type="checkbox"/> General Quantity: 1 <input type="checkbox"/> PRODUCT SPECIFIC Quantity: You must type a "PRODUCT LIST" for each certificate requested. This product will be attached to your export Certificate. For each product include the exact brand name as it appears on the label. (Note: do NOT submit product labels or literature.) Special instructions:		
4a. Send Certificate To <input checked="" type="checkbox"/> Requester <input type="checkbox"/> Exporter <input type="checkbox"/> Other		
4b. Send Invoice To <input checked="" type="checkbox"/> Requester <input type="checkbox"/> Exporter <input type="checkbox"/> Other		
5. Certificate Delivery:		
Certificates will be mailed via the U.S. Postal Service (regular mail) unless you make special arrangements as follows:		
Carrier name(express mail):	Your Account Number:	
6. Fees		
\$10 for each certificate. Do not send money. You will receive an invoice.		
7. Signature		
"The requester hereby presents and acknowledges that the company is aware that in making this request the company is subject to the terms and provisions of Title 18, Section 1001, United States Code which makes it a criminal offense to falsify, conceal, or cover up a material fact; make any materially false, fictitious, or fraudulent statement or representation; or make or use any false writing or document knowing the same to contain any material false, fictitious, or fraudulent statement or entry."		
Signature: <input checked="" type="checkbox"/> I Agree.	Name and Title: Name Title	Date: 04/25/2013
FORM FDA 3613d (3/12)		