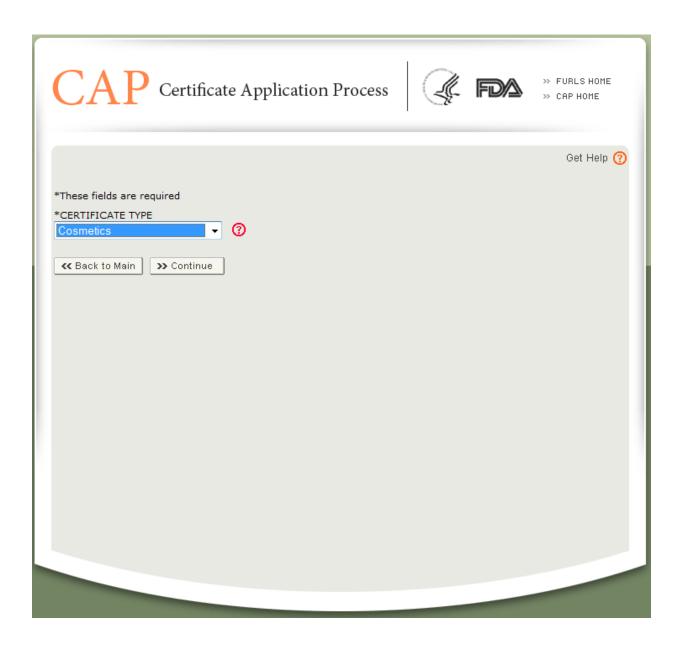
Screen 1:

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 no 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:



Screen 3:

CAP c	ertificate Appl	ication Proce	55		URLS HOME CAP HOME
Step 01	Step 02	Step 03	Step 04	Step 05	Step 06
J					-
If any ir necessa SECTIO	Save & Exit a & Start Again formation is inco ary updates to yo N 1 REQUESTER hese fields are req	ur OAA account.			elp 🕜
*COMPAN	IY NAME				
comp1					
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*ADDRES					
11820 Pa	arklawn drive				
ADDRESS	LINE 2				
*ZIP/POS	TAL CODE				
20852]				

*STATE OR PRO	VINCE				
Maryland	Y				
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Please Sele	ct •				
*CONTACT PER	SON FIRST NA	AME			
Robert					
*CONTACT PER	SON LAST NA	ME			
Abcd					
required for US	phone numbe Country Code	ers.	Phone Number (e.g.5551111)	Extension (e.g.1111)	
ROOMTACT		301	7709610		
*CONTACT PHONE		501			
	Country Code	Area/City Code	Fax Number		
PHONE	Code	Area/City	Fax Number		
	Code	Area/City Code	Fax Number]	
PHONE	Code (e.g.033)	Area/City Code	Fax Number]	
CONTACT FAX	Code (e.g.033)	Area/City Code	Fax Number]	
CONTACT FAX *CONTACT EMA	Code (e.g.033) IL om	Area/City Code (e.g.101)	Fax Number		
PHONE CONTACT FAX *CONTACT EMA abcd@email.c	Code (e.g.033) IL om	Area/City Code (e.g.101)	Fax Number (e.g.5551111)	>> To Section	ī

*COU					
UNI	ED STATES			•	
*ADD	RESS LINE 1				
ADDR	ESS LINE 2				
*ZIP/	POSTAL CODE				
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Ple	ase Select- 🔻				
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Ple	ase Select- 🝷				
*CON	TACT PERSON FIRST				
		10-0-12			
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Numl	ers only. No spaces,	dashes or pare	entheses. Countr	v Code not	
requi	red for US phone nui	mbers.			
	Cod	e Code	Phone Number	Extension	
	(e.g.	.033) (e.g.101)	(e.g.5551111)	(e.g.1111)	
*CON PHON	ITACT				
	Cou Cod	ntry Area/City e Code	Fax Number		
	(e.g.	.033) (e.g.101)	(e.g.5551111)		
CONT	ACT				
*CON	TACT EMAIL				
<< Ba	ck >> Save & Exit	>> Continu	e		
« C	ancel & Start Again				

Screen 4:

C	AP Ce	rtificate App	lication Proce	ss G		URLS HOME AP HOME
	Step 01	Step 02	Step 03	Step 04	Step 05	Step 06
-		>>>>			Π.,	1
	Cancel & State		Exit Scontinue	to Step 3	Get H	elp 🕜
	You must typ	PECIFIC: Number be a "PRODUCT LIST your export Certifica	RTIFICATE' REQUES of Certificates reque " for each certificate ate. For each product	ested requested. This pro		
	- OR -	Number of Certific	ates requested			
	Cancel & Star		« Exit) 🛛 >>> Continue	to Step 3		

Screen 5:

CAP	Certificate A	pplication Pro	cess		URLS HOME AP HOME
Step 01	Step 02	Step 03	Step 04	Step 05	Step 06
1	1	>>>> U		¥.,	1
				Get He	elp 🕜
**	Back to Step 02	» Save & Exit	Continue to Step 4		
~~	Cancel & Start Again				
appro addro	section is not require oved, the system wil ess. This page is auto	l email the certificate o-filled. Click 'Contine	e package to the req		
SEC	CTION 4A SEND CE	RTIFICATE TO			
ENTIT	ry/account to whic	H FDA SHOULD SEND 1	THE CERTIFICATE		
☑ RE					
SEC	CTION 4B SEND IN	VOICE TO			
ENTIT	TY/ACCOUNT TO WHIC	H FDA SHOULD SEND 1	THE INVOICE		
☑ RE					
SE	CTION 5 CERTIFIC	CATE DELIVERY			
	icates will be mailed vi gements as follows:	a the U.S. Postal Serv	ice (regular mail) unles	s you make special	
	IER NAME (express labe se Select 🔻	el)			
YOUR	ACCOUNT NUMBER (If	applicable)			
	Back to Step 02 Cancel & Start Again	>> Save & Exit	Continue to Step 4		

Screen 6:

CAP Certificate Application Process	PURLS HOME SCAP HOME
Step 01 Step 02 Step 03 Step 04	Step 05 Step 06
	Get Help 🍞
<pre>\$10 for each certificate. Do not send money. You will receive an TOTAL : \$10</pre>	invoice.

Screen 7:

CAP Certificate Application Process
Step 01 Step 02 Step 03 Step 04 Step 05 Step 06
Get Help 🕜
Kerk to Step 04 Save & Exit Scontinue 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 00 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	CAP	Contificato Am	lication Drago			» FURLS HOME
	CAP	Certificate App	fication Proce	ss St	IF LEVA	» CAP HOME
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 Section Correct, click the Edit button for that section. Application. Status Section Correct, click the Edit button for that section. Application. Status Section Correct, click the Edit button for that section. Application. Status Section Correct, click the Edit button for that section. Application. Status Section Correct, click the Edit button for that section. Correct Fack: COMPANY NAME: comp1 CONTACT FACK: CONTACT PERSON NAME: Robert Abcd CONTACT FACK: CONTACT PERSON NAME: Robert Abcd CONTACT FACK: CONTACT PHONE: 301 7709610 CONTACT FACK: CONTACT PHONE: 013 301 7709610 CONTACT FACK: Section 3 status Status status status status status statu	Step 01	Step 02	Step 03	Step 04	Step 05	Step 06
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ADDRESS LINE 2: CITY: Rockville STATE: Maryland ZIPPOSTAL CODE: 20852 COUNTRY: UNITED STATES CONTACT PHONE: 001 301 7709610 CONTACT FAX: CONTACT PHONE: 001 301 7709610 CONTACT FAX: CONTACT PHONE: 001 301 7709610 CONTACT EMAIL : abcd@email.com SECTION 3 TYPE of CERTIFICATE: REQUESTED: 1 SPECIAL INSTRUCTIONS: SECTION 4 SEND CERTIFICATE TO ENTITY/ACCOUNT TO WHICH FDA SHOULD SEND THE CERTIFICATE Requester Exporter Other SECTION 5 CERTIFICATE DELIVERY Certificate will be delivered to your account. CARRIER NAME: ACCOUNT NUMBER (If applicable): SECTION 6 FEES S10 for each certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Section 1001, United States Code which makes it a criminal offense to fails if conceal, or coverup a material fact, make any material failse, fictit	COMPANY NAME: con	np1				
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 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 5 CERTIFICATE OE 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 S10 for each certificate: 1 Total fee for 1 certificates: \$10 SECTION 7 SIGNATURE CON SUBJECTION 7 SIGNATURE CON Subject to the terms and provisions of Title 18, Section 1001, United States Code which makes it a criminal offense to tasis conceal, or cover up a material fact, make any materially false, fictitious, or fraudulent statement or entry. I Agree. Name: Name Title 1. Save 8: Exit Print Application Print Application Save 8: Exit Print Application Print Application Save 8: Exit Print Application Print Application Save 9: Exit	ADDRESS LINE 1: 11	820 Parklawn drive				
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 SPECAL INSTRUCTIONS: SECTION 14 SEND CERTIFICATE TO ENTITY/ACCOUNT TO WHICH FDA SHOULD SEND THE CERTIFICATE Requester Exporter Other SECTION 15 CERTIFICATE OELIVERY Certificate Will be delivered to your account. CARRIER NAME : ACCOUNT NUMBER (If applicable): SECTION 6 FEES Stof or each certificate. 10 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 for company is aware that in making this request for company is aware that in making this request for analy of document knowing the same to contain any material false, fictitious, or fraudulent statement or entry. I Agree. Name: Name Yerint Application Yerint Application Save & Exit Yerint Application Yerint Application Yerint Application	ADDRESS LINE 2:					
CONTACT PHONE: 001 301 7709610 CONTACT FAX: CONTACT PERSON NAME: Robert Abcd CONTACT EMAIL : abcd@email.com SECTION 3 TYPE OF 'CERTIFICATE' REQUESTED CONTACT EMAIL : abcd@email.com SECTION 3 TYPE OF 'CERTIFICATE' REQUESTED : 1 SPECIAL INSTRUCTIONS: SECTION 4 SEND CERTIFICATE TO ENTITY/ACCOUNT TO WHICH FDA SHOULD SEND THE CERTIFICATE Requester Exporter Other SECTION 5 CERTIFICATE DELIVERY Certificate will be delivered to your account. CARRIER NAME : ACCOUNT NUMBER (if applicable): SECTION 6 FEES S10 for each certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. Copies of Certificate. Do not send money. You will receive an invoice. 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 101, United States Code which makes it a criminal offense to faish conceal, or cover up a material fais. Section 101, United States Code which makes it a criminal offense to faish conceal, or cover up a material faise. fictitious, or fraudulent statement or entry. I Agree. Name: Name Title: Title Date: 04/25/2013			STATE:	Maryland		
CONTACT PERSON NAME: Robert Abod CONTACT EMAIL : abcd@email.com SECTION 3 TYPE OF 'CERTIFICATE' REQUESTED: 1 SPECIAL INSTRUCTIONS: SECTION 4A SEND CERTIFICATES REQUESTED: 1 SPECIAL INSTRUCTIONS: SECTION 4A SEND CERTIFICATE TO ENTITY/ACCOUNT TO WHICH FDA SHOULD SEND THE CERTIFICATE Requester Exporter Other SECTION 5 CERTIFICATE DELIVERY Certificate will be delivered to your account. CARRIER NAME : ACCOUNT NUMBER (if applicable): SECTION 6 FEES S10 for each certificate. Do not send money. You will receive an invoice. Copies of Certificate: 1 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 falsifi conceal, or cover up a material fals. Make any material false, fictitious, or fraudulent statement or entry. I Agree. Name: Name Title : Title Date: 04/25/2013					S	
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	Date: 04/25/2013					
		>> Save & Exi	t >> Print Applicatio	n 💦 Submit		

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 dr	ive				
Contact person name: Robert Abcd	Address. 11620 Parkiawii ulive					
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 an	d address to appear on the ce	ertificate)				
Company name: comp1	Address: 11820 Parklawn dr	iva				
Contact person name: Robert Abcd	Address. Trozo Parkiawii ur	ive				
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						
PRODUCT SPECIFIC Quantity: You must type						
4a. Send Certificate To 🛛 Requester 🗌 E	xporter 🗌 Other					
4b. Send Invoice To 🛛 Requester 🗌 Expo	rter 🗌 Other					
5.Certificate Delivery:	5.Certificate Delivery:					
Certificates will be mailed via the U.S. Postal Serv	vice (regular mail) unless you n	nake special arrangements as follows:				
Carrier name(express mail):	Your Account Nur	nber:				
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 representation; or make or use any false writing or document knowing the same to contain any material false, fictitious, or fraudulent statement or entry."						
entry." Signature: Name and Title: Date: 04/25/2013 I Agree. Title 04/25/2013 FORM FDA 3613d (3/12)						