



## CAP MAIN MENU

Enter New Application

### Form Approval: OMB No.0910-0498

Expiration date: **TBA\***  
See OMB Statement at end of form

Modify Application

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.

Search Application

### 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.**

Print Application



Step 01

Step 02

Step 03

Step 04

Step 05

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## SECTION 1 REQUESTER INFORMATION

\*COMPANY NAME

COUNTRY

UNITED STATES

\*ADDRESS LINE1

ADDRESS LINE2

\*ZIP/POSTAL CODE

\*CITY

Washington

\*STATE

District of Columbia

\*CONTACT PERSON 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

Country	Area/City	Fax Number
---------	-----------	------------

Code Code  
(e.g.033) (e.g.101) (e.g.5551111)

CONTACT FAX

\*CONTACT EMAIL

**SECTION 2 EXPORTING COMPANY INFORMATION (THE NAME AND ADDRESS TO APPEAR ON THE CERTIFICATE)**

>> AutoFill Address

>> Clear

\*COMPANY NAME

\*COUNTRY  
UNITED STATES

\*ADDRESS LINE1

ADDRESS LINE2

\*ZIP/POSTAL CODE

\*CITY  
Clearwater

\*STATE  
Florida

\*CONTACT PERSON 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

Country Code	Area/City Code	Fax Number
(e.g.033)	(e.g.101)	(e.g.5551111)

CONTACT FAX

\*CONTACT EMAIL

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>> Save & Exit

>> Continue

<< Cancel & Start Again



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### SECTION 3 TYPE OF "CERTIFICATE" REQUESTED

**GENERAL** Quantity: (Note: no specific products will be listed).  
- OR -

**PRODUCT SPECIFIC** Quantity: 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** name as it appears on the label. (Note: do NOT submit product labels or literature.)

Special Instructions:

### SECTION 4 SEND CERTIFICATE TO

**\*SEND CERTIFICATE TO**

SECTION 1 - REQUESTER

SECTION 2 - DISTRIBUTOR

OTHER (provide the below information)

\*COMPANY NAME

COUNTRY

Please Select Country

\*ADDRESS LINE1

ADDRESS LINE2

\*ZIP CODE

\*CITY

--Please Select--

\*STATE

--Please Select--

\* CONTACT PERSON 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

\*CONTACT EMAIL

**\*SEND INVOICE TO**

SECTION 1 - REQUESTER

SECTION 2 - DISTRIBUTOR

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## 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 mail)

US Mail

YOUR ACCOUNT NUMBER

## SECTION 6 FEES

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

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## SECTION 7 CERTIFICATE DELIVERY

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 material false, fictitious, or fraudulent statement or representation; or make or use any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry.

\*NAME:

\*TITLE:

I Agree.

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[» Continue](#)

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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:02/08/2012 16:48:40

Created Date:

Application Status:

Certificate Type: Color

**SECTION 1 REQUESTER INFORMATION**

COMPANY NAME: Test Requester

ADDRESS Line1: 2003 P Street Northwest

ADDRESS Line2:

CITY: Washington

STATE/TERRITORY: District of Columbia

ZIP CODE: 20036

COUNTRY: UNITED STATES

TELEPHONE NUMBER: 1 202 6383434

FAX NUMBER:

CONTACT PERSON NAME: Ryan Brown

EMAIL ADDRESS: rbrown@testrequester.com

**SECTION 2 EXPORTING COMPANY INFORMATION (THE NAME AND ADDRESS TO APPEAR ON THE CERTIFICATE)**[EDIT](#)

COMPANY NAME: Test Marine Enterprise

ADDRESS Line1: 1101 South Fort Harrison Avenue

ADDRESS Line2:

CITY: Clearwater

STATE/TERRITORY: Florida

ZIP CODE: 33756

COUNTRY: United States

TELEPHONE NUMBER: 001 727 4434900;

FAX NUMBER:

CONTACT PERSON NAME: Dennis Hall

EMAIL ADDRESS: dhall@testmarine.com

**SECTION 3 TYPE OF "CERTIFICATE" REQUESTED**[EDIT](#)**GENERAL** Quantity: (Note: no specific products will be listed).**SECTION 4 SEND CERTIFICATE TO**[EDIT](#)

SEND CERTIFICATE TO:

Requester    Exporting Company    Other

SEND INVOICE TO:

Requester    Exporting Company

**SECTION 5 CERTIFICATE DELIVERY**[EDIT](#)*Certificates will be mailed via the U.S. Postal Services (Regular Mail), unless you make special arrangements as follows.*

CARRIER NAME (express mail): US Mail

YOUR ACCOUNT NUMBER:

\$10 for each 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 1001, United States Code which makes it a criminal offense to falsify, conceal, or cover up a material fact; make any material false, fictitious, or fraudulent statement or representation; or make or use any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry.

Name: Ryan Brown

Title: Export Officer

Date: 02/08/2012 16:48:40

I Agree.

*Not For Public Disclosure*


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>> Print Application

>> Submit



[Get Help](#) 

..... **ENTER APPLICATION SUCCESSFUL!** .....

**Your Application Number is 1513.**

**Please keep the Application number for your records. The Application number is required for all communications with FDA regarding this application. Please refer to the help section for more details.**

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