

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION College Park, MD 20740-3835 REGISTRATION OF COSMETIC PRODUCT ESTABLISHMENT <i>(In accordance with 21 CFR 710)</i>		Form: OMB No. 0910-0027. Expiration Date: XX-XX-XXXX See Burden Statement on Reverse of Part I.	
		TYPE OF SUBMISSION <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDED <input type="checkbox"/> CANCELLATION	
		FOR FDA USE ONLY ON ORIGINAL SUBMISSIONS	
		FDA REGISTRATION NO. E _____	REGISTRATION DATE (MM/DD/YY) ____ - ____ - ____
NOTE: This report is authorized by Public Law 21 U.S.C. 371(A); 21 CFR 710. While you are not required to respond, your cooperation is needed to make the results of this voluntary program comprehensive, accurate, and timely.			
INSTRUCTIONS: For faster processing please submit this form electronically at: http://www.fda.gov/Cosmetics/RegistrationProgram/OnlineRegistration/default.htm . Type all entries in CAPITAL LETTERS. Use standard abbreviations wherever possible. Omit all punctuation. Complete a separate Form FDA 2511 for each establishment location. Mail completed form to: DEPARTMENT OF HEALTH AND HUMAN SERVICES, FOOD AND DRUG ADMINISTRATION, Office of Cosmetics and Colors, Voluntary Cosmetic Registration Program (HFS-125), 5001 Campus Drive, College Park, MD 20740-3835.			
TYPE OF ESTABLISHMENT <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> PACKER OTHER <input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> RETAILER <input type="checkbox"/> BUSINESS OFFICE			
ESTABLISHMENT NAME		PARENT COMPANY NAME (if any)	
STREET ADDRESS			
CITY	STATE (USA only)	ZIP/POSTAL CODE	COUNTRY (If other than USA)
Is the address on this form the location of a cosmetic manufacturing and/or packing facility? <input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER BUSINESS TRADING NAMES (List additional on a separate form)			ADD DELETE
1			
2			
3			
ESTABLISHMENT AUTHORIZED INDIVIDUAL NAME (Required)		ALTERNATIVE AUTHORIZED INDIVIDUAL NAME	
TITLE (Owner, president, or manager)	PHONE NUMBER	TITLE (Consultant or attorney)	PHONE NUMBER
EMAIL		EMAIL	
SIGNATURE	DATE (MM/DD/YY) ____ - ____ - ____	SIGNATURE	DATE (MM/DD/YY) ____ - ____ - ____

COMPLETE COSMETIC PRODUCT INGREDIENT STATEMENT ON FORM FDA 2512

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 12 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
Paperwork Reduction Act (PRA) Staff
PRASaff@fda.hhs.gov

*"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 number."*