

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION College Park, MD 20740-3835 COSMETIC PRODUCT INGREDIENT STATEMENT <i>(In accordance with 21 CFR 720)</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"/> DISCONTINUED			
		FOR FDA USE ONLY ON ORIGINAL SUBMISSIONS			
		FDA CPIS NO. F _____		FILING DATE (MM/DD/YY) ____ - ____ - ____	
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.					
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 2512 for each formulation. 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.					
LABELER TYPE OF BUSINESS (As listed on label) <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> PACKER <input type="checkbox"/> DISTRIBUTOR			IS THIS PRODUCT CURRENTLY COMMERCIALY DISTRIBUTED (ANNUAL SALES EXCEED \$1000) IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
LABELER NAME (As listed on label)			PRODUCT WEBSITE		
LABELER ADDRESS (As listed on label)					
			Attach images of the front and back product labels to this form		PRODUCT CATEGORY CODE ____ - ____ - ____
TYPE OF MANUFACTURER <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> CONTRACT MANUFACTURER			BRAND / SPECIFIC PRODUCT NAME (ex. Cosmetico Moisturizing Skin Cream) (List additional on separate form)		ADD DLT
Manufacturer/Contract Manufacturer Name (If different than labeler)			1		
Manufacturer/Contract Manufacturer Registration No. (If registered) If not registered, complete FORM FDA 2511 and attach to this form E _____					
PACKER NAME (If different than labeler)			2		
PACKER ESTABLISHMENT REGISTRATION NO. (If registered) If not registered, complete FORM FDA 2511 and attach to this form E _____			3		
WHO IS FILING THIS STATEMENT <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> PACKER <input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> RETAILER					
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) ____ - ____ - ____

CONTINUE COSMETIC PRODUCT INGREDIENT STATEMENT ON FORM FDA 2512a

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 20 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."*