DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOOD AND DRUG ADMINISTRATION College Park, MD 20740-3835

COSMETIC PRODUCT INGREDIENT STATEMENT

	MB No. 0910-0027. Expiration Date: XX-XX-XXXX See Burden Statement on Reverse of Part I.					
TYPE OF SUBMISSION						
ORIGINAL AME	ENDED DISCONTINUED					
FOR FDA USE ONLY ON ORIGINAL SUBMISSIONS						
FDA CPIS NO.	FILING DATE (MM/DD/YY)					
F						

(In accordance with 21 0		F	FILING DATE (MM/DD/YY) —————————						
NOTE: This report is authorized by Public Law 2 the results of this voluntary program comprehens		you are not required to respond	l, your coop	eration is n	eeded to	make			
Type all entries in CAPITAL LETTERS. Use stand	gov/Cosmetics/RegistrationProgram/OnlineRegistration/default.htm. cossible. Omit all punctuation. Complete a separate Form FDA 2512 for each N SERVICES, FOOD AND DRUG ADMINISTRATION, Office of Cosmetics and rive, College Park, MD 20740-3835.								
LABELER TYPE OF BUSINESS (As listed on label) MANUFACTURER PACKER DISTRIBUTOR			IS THIS PRODUCT CURRENTLY COMMERCIALLY DISTRIBUTED (ANNUAL SALES EXCEED \$1000) IN THE UNITED STATES? YES NO						
LABELER NAME (As listed on label)			PRODUCT WEBSITE						
LABELER ADDRESS (As listed on label)									
			Attach images of the front and eack product labels to this form						
TYPE OF MANUFACTURER MANUFACTURER CONTRACT MANUFACTURER			BRAND / SPECIFIC PRODUCT NAME (ex. Cosmetico Moisturizing Skin Cream) (List additional on separate form)				DLT		
Manufacturer/Contract Manufacturer Name (If different than labeler)				<u> </u>					
Manufacturer/Contract Manufacturer Registration No. (If registered) If not registered, complete FORM FDA 2511 and attach to this form PACKER NAME (If different than labeler)									
PACKER ESTABLISHMENT REGISTRATION NO. (If registered) If not registered, complete FORM FDA 2511 and attach to this form									
WHO IS FILING THIS STATEMENT MANUFACTURER PACKER	☐ DISTRIBUTOR		RETAILER						
AUTHORIZED INDIVIDUAL NAME (Required)			ALTERNATIVE AUTHORIZED INDIVIDUAL NAME						
TITLE (Owner, president, or manager)	PHONE NUMBER	TITLE (Consultant or attorney)			PHON	PHONE NUMBER			
EMAIL			EMAIL						
SIGNATURE DATE (MM/DD/YY) ———————			SIGNATURE DATE (M			M/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 PRAStaff@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."