DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION
College Park, MD 20740-3835

REGISTRATION OF COSMETIC PRODUCT ESTABLISHMENT

(In accordance with 21 CFR 710)

Form: OMB No. 0910-0027. Expiration Date: 09/30/2020
See Burden Statement on Reverse of Part I.

TYPE OF SUBMISSION
☐ ORIGINAL ☐ AMENDED ☐ CANCELLATION

FOR FDA USE ONLY ON ORIGINAL SUBMISSIONS

FDA REGISTRATION NO.	REGISTRATION DATE (MM/DD/YY)
E _ _ _ _ _ _ _	_ _ – _ _ – _ _

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
☐ MANUFACTURER ☐ PACKER

OTHER
☐ DISTRIBUTOR ☐ RETAILER ☐ 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?
☐ YES ☐ NO

Are you the owner or operator of this facility?
☐ YES ☐ 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

PSC Publishing Services (301) 443-6740 EF

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:

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