| DEDARTMENT OF USALTHAN | D | | | | | e: 09/30/2020 atement on Reverse of Part I. | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------|------------------------------------------|-------------------------------------------|--------------------|------------------------------------------------|-----------------|--|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION College Park, MD 20740-3835 REGISTRATION OF COSMETIC PRODUCT ESTABLISHMENT | | | TYPE OF SUBMISSION | | | | | |
| | | | ORIGINAL AMENDED CANCELLATION | | | | | |
| | | | FOR FDA USE ONLY ON ORIGINAL SUBMISSIONS | | | | | |
| (In accordance with 21 CFR 710) | | | FDA REGI | STRATION NO. | REGIST | TRATION DATE (| MM/DD/YY) | |
| (2000.02 | | | E | | | _ | | |
| NOTE: This report is authorized by Public Law 2 the results of this voluntary program comprehense. | | | le you are not | required to respond, y | our coop | peration is neede | d to make | |
| INSTRUCTIONS: For faster processing please submit this form elector and entries in CAPITAL LETTERS. Use start establishment location. Mail completed form to: I Cosmetics and Colors, Voluntary Cosmetic Region 1. | ndard abbreviations wher DEPARTMENT OF HEAI | ever possi LTH AND I | ible. Omit all p HUMAN SER\ | unctuation. Complete /ICES, FOOD AND D | a separa RUG AD | ate Form FDA 25° MINISTRATION, | 11 for each | |
| TYPE OF ESTABLISHMENT | | | | | | | | |
| ☐ MANUFACTURER ☐ PACKER | ₹ | | | | | | | |
| OTHER | | | | | | | | |
| ☐ DISTRIBUTOR ☐ RETAILER | BUSINESS (| OFFICE | | | | | | |
| ESTABLISHMENT NAME | | | PARENT COMPANY NAME (if any) | | | | | |
| STREET ADDRESS | | | | | | | | |
| | | | | | | | | |
| CITY | | STATE (USA only) ZIP | | ZIP/POSTAL COD | DE CO | COUNTRY (If other than USA) | | |
| Is the address on this form the location of a | a cosmetic manufactur | ing and/o | or packing fac | cility? | | | | |
| | | | | | | | | |
| Are you the owner or operator of this facility YES NO | y? | | | | | | | |
| OTHER BUSINESS TRADING NAMES (List additional on a | | | | ate form) | | ADD | DELETE | |
| 1 | | | | | | | | |
| | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| ESTABLISHMENT AUTHORIZED INDIVIDUAL NAME (Required) | | | ALTERNATIVE AUTHORIZED INDIVIDUAL NAME | | | | | |
| TITLE (Owner, president, or manager) | PHONE NUMBER | R TITI | LE (Consulta | E (Consultant or attorney) | | PHONE NU | PHONE NUMBER | |
| EMAIL | | EM | EMAIL | | | | | |
| SIGNATURE DATE (MM/ | | SIG | SIGNATURE DA | | | DATE (MM/DE | DATE (MM/DD/YY) | |
| | ı — — [—] — — — | - — I | | | | | . – | |

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 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."