

**APPLICATION FOR AUTHORIZATION TO RELABEL OR TO PERFORM OTHER ACTION OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT AND OTHER RELATED ACTS**

FORM APPROVED: OMB No. 0910-0025  
EXPIRATION DATE: 7/31/2020

Public reporting burden time for this collection of information is estimated to average .25 hour 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 the address to the right:

Department of Health and Human Services  
Food and Drug Administration  
Office of Chief Information Officer  
Paperwork Reduction Act (PRA) Staff  
PRASStaff@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 control number.

**Please do NOT send your completed form to the above PRA Staff email address.**

TO: DIRECTOR  _____ Division, Food and Drug Administration	DATE	SAMPLE NO.
Application is hereby made for authorization to bring the merchandise below into compliance with the Act.	PRODUCT	
	ENTRY NO.	ENTRY DATE
CARRIER	AMOUNT AND MARKS	

Redelivery bond has been posted by the applicant. The merchandise will be kept apart from all other merchandise and will be available for inspection at all reasonable times. The operations, if authorized, will be carried out at:

\_\_\_\_\_ and will require about \_\_\_\_\_ days to complete. A detailed description of the method by which the merchandise will be brought into compliance is given in the space below:

We will pay all supervisory costs in accordance with current regulations.

FIRM NAME	ADDRESS OF FIRM
APPLICANT'S SIGNATURE	

**ACTION ON APPLICATION**

TO: (Name and Address)	DATE
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Your application has been:       Denied because:       Approved with the following conditions:

Time limit within which to complete authorized operations: \_\_\_\_\_  
When the authorized operations are completed, fill in the importer's certificate on the reverse side and return this notice to this office.

SIGNATURE OF DIVISION DIRECTOR	DIVISION	DATE
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**IMPORTER'S CERTIFICATE**

PLACE	DATE
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I certify that the work to be performed under the authorization has been completed and the goods are now ready for inspection at: \_\_\_\_\_

The rejected portion is ready for destruction under Customs' supervision and is held at: \_\_\_\_\_

TYPED NAME OF APPLICANT	SIGNATURE
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**REPORT OF INVESTIGATOR / INSPECTOR**

TO PORT DIRECTOR OR DIVISION DIRECTOR	DATE
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I have examined the within-described goods and find them to be the identical goods described herein, and that they have been: \_\_\_\_\_ on: \_\_\_\_\_, 20\_\_\_\_, as authorized, except:

**DATA ON CLEANED GOODS**

Good Portion: \_\_\_\_\_

Rejections: \_\_\_\_\_

Loss (if any): \_\_\_\_\_

Did importer clean entire shipment? \_\_\_\_\_

Time and cost of supervision: \_\_\_\_\_

INSPECTING OFFICER	DATE
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**DIVISION DIRECTOR**

Disposed of as noted above.

DIRECTOR OF CUSTOMS	DATE
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