Re- Packaging Request Form

Company Name:	
Address:	Sampling Address:
Contact Name:	Contact Name:
Telephone:	Telephone:
Fax:	Fax:
E-Mail:	E-mail:

Sample Name:
Item Number: AFSL Components Sticker Numbers: From:
From: To:
From: To: (if required)
Number of cases in finished lot:

Importer must provide the following information:				
Item Name	Item Number	Model Number	AFSL Lot Number	EX Number
Note: Participant must also include samples of packaging labels for components that require no additional manufacturing steps. Samples must be actual size as shown on package.				

Applicant Authorization:

Controller Signature:	Printed Name:	Date:

Submit this completed Test Request Form to:

SGS Consumer Testing Services, 291 Fairfield Ave, Fairfield, NJ 07004 Attn. Gladys Concepcion
Phone: (973) 461-7930 Fax: (973) 575-7175 eMail: Gladys.Concepcion@SGS.com

SGS USE ONLY	**DATE STAMP:**
AFSL sticker numbers to be used per lot: From: To:	
From: To: (if required)	
Date Stickers Sent:	
Comments:	