



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:
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Submit this completed Test Request Form to:

SGS Consumer Testing Services, 11308 Strang Line Road, Lenexa, KS 66215 Attn. Jack Holcom
Phone: (913) 530-1045 Fax: (913) 338-2961 eMail: uscts.afsl@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:	