



**BUREAU  
VERITAS**



## 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:

**Bureau Veritas Consumer Products Services Attn: Joanna Bates**  
**Phone: 716-505-3686 Fax: 716-505-3301 Email: booking\_cpsibuf@us.bureauveritas.com**

<b>BV USE ONLY</b>	<b>DATE STAMP:</b>
AFSL sticker numbers to be used per lot:	
From:                      To:	
From:                      To:                                      (if required)	
Date Stickers Sent:	
Comments:	