



BUREAU
VERITAS



Assortment Certification Request Form

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

Sample Name:
Item Number:
AFSL sticker numbers to be used per lot: From: XXXXXXXXXX To:
AFSL sticker numbers to be used per lot: From: XXXXXXXXXX To: XXXXX (if required)
Number of cases in finished assortment lot:

Importer must provide the following information:				
Item Name:	Date of Manufacture:	Model Number:	AFSL Lot Number:	EX Number:

Note: In lieu of including this information here, Importers can attach any other relevant documentation (examples can be: Shipping Reports and/or Inventory Reports) that will include this detail at minimum.

z Applicant Authorization:

Controller Signature:	Printed Name:	Date:
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Submit this completed form to:

Bureau Veritas Consumer Products Services Attn: Keith Hooper Phone: 716-505-3370 Fax: 716-505-3301 Email: booking_cpsibuf@us.bureauveritas.com
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BV USE ONLY	DATE STAMP:
Comments:	