



**Food and Drug Administration**  
**ASSESSMENT SLIP**  
 HOUSEHOLD HAZARDOUS SUBSTANCES (TOYS & CHILDCARE ARTICLES)

CCRR's Copy

Date: \_\_\_\_\_ DTN: \_\_\_\_\_

**APPLICATION DETAILS** (Tick where applicable)

TYPE OF PRODUCT:	TYPE OF ESTABLISHMENT:	TYPE OF APPLICATION:	
Toys	Manufacturer	Notification	
		License to Operate (LTO)	
Childcare Articles	Distributor (Importer/Exporter/Wholesaler)	Initial	
		Renewal	
		Amendment	

Product Name:	
SKU/Model No./Item No.:	
Applicant Company's Name and Address:	
Distributor(s):	
Retailer(s):	
Broker(s):	
Bill of Lading:	
Invoice/ Packing List No.:	
Container Number(s):	

**PAYMENT DETAILS** (To be filled by FDA Personnel)

EVALUATOR	CASHIER
Fee : _____	Amount : _____
Surcharge : _____	OR Number : _____
TOTAL : _____	Date Issued : _____
Evaluated by : _____	Received by : _____

**RECEIPT DETAILS**

Name : _____
Signature : _____



**Food and Drug Administration**  
**ASSESSMENT SLIP**  
 HOUSEHOLD HAZARDOUS SUBSTANCES (TOYS & CHILDCARE ARTICLES)

Accounting Section's Copy

Date: \_\_\_\_\_ DTN: \_\_\_\_\_

**APPLICATION DETAILS** (Tick where applicable)

TYPE OF PRODUCT:	TYPE OF ESTABLISHMENT:	TYPE OF APPLICATION:	
Toys	Manufacturer	Notification	
		License to Operate (LTO)	
Childcare Articles	Distributor (Importer/Exporter/Wholesaler)	Initial	
		Renewal	
		Amendment	

Product Name:	
SKU/Model No./Item No.:	
Applicant Company's Name and Address:	
Distributor(s):	
Retailer(s):	
Broker(s):	
Bill of Lading:	
Invoice/ Packing List No.:	
Container Number(s):	

**PAYMENT DETAILS** (To be filled by FDA Personnel)

EVALUATOR	CASHIER
Fee : _____	Amount : _____
Surcharge : _____	OR Number : _____
TOTAL : _____	Date Issued : _____
Evaluated by : _____	Received by : _____

**RECEIPT DETAILS**

Name : _____
Signature : _____