CCRR's Copy



Food and Drug Administration

A S S E S S M E N T S L I P
HOUSEHOLD HAZARDOUS SUBSTANCES (TOYS & CHILDCARE ARTICLES)

Date:	DTN	Date:	ate: DTN:				
APPLICATION	N DETAILS(Tick where applicable)		APPLICATION D	DETAILS(Tick when	re applicable)		
TYPE OF PRODUCT:	TYPE OF ESTABLISHMENT:	TYPE OF APPLICATION:	TYPE OF PRODUCT:	TYPE OF ESTABLISHMENT:		TYPE OF APPLICATION:	
Toys	1	Notification	Torre	Manufacturer		Notification	
	Manufacturer	License to Operate (LTO)	Toys			License to Operate (LTO)	
Childcare Articles	Distributor (Importer/Exporter/	Initial	Childcare	Distributor (Importer/Exporter/ Wholesaler)		Initial	
	Wholesaler)	Renewal Amendment	Articles			Renewal	
	1	rinchament				Amendment	
Product Name:			Product Name:				
SKU/Model No./Item No.:			SKU/Model No				
Applicant Company's Name			Applicant Comp	oany's Name			
and Address:		and Address:					
Distributor(s):			Distributor(s):				
Retailer(s):			Retailer(s):				
recurrer(s).							
Broker(s):			Broker(s):				
Bill of Lading:		Bill of Lading:					
Invoice/ Packin	<u> </u>	Invoice/ Packing					
Container Num	nber(s):		Container Numb	per(s):			
PAYMENT DE	TAILS (To be filled by FDA Personnel)		PAYMENT DETA	AILS (To be filled by F	DA Personnel)		
EVALUATOR	CA	SHIER	EVALUATOR		CASH	HER	
Fee :	Am-	ount :	Fee :		Amou	nt :	
Surcharge :	OR	Number :	Surcharge : _		OR Nu	umber :	
TOTAL : Da		e Issued :	TOTAL : _	TOTAL : Date		ssued :	
Evaluated by :	Rec	eived by :	Evaluated by :		Receiv	ved by :	
RECEIPT DET	TAILS		RECEIPT DETA	ILS			
Name	:		Name	:			
Signature	:		Signature	:	·		

Accounting Section's Copy



Food and Drug Administration

A S S E S S M E N T S L I P
HOUSEHOLD HAZARDOUS SUBSTANCES (TOYS & CHILDCARE ARTICLES)

ate:	DTN:					
PPLICATION	DETAILS(Tick whe	re applicable)				
TYPE OF TYPE OF EST PRODUCT:		TABLISHMENT:		TYPE OF APPLICATION:		
Toys	Manufacturer			Notification		
				License to Operate (LTO)		
Childcare	Distributor (I	mporter/Exporter/		Initial		
Articles Wholesale		importer/Exporter/		Renewal		
	,			Amendment		
Product Name:						
SKU/Model No						
Applicant Com	pany's Name					
and Address:						
Distributor(s):						
Retailer(s):						
Broker(s):						
Bill of Lading:						
Invoice/ Packir						
Container Num	nber(s):					
PAYMENT DET	'AILS(To be filled by F	DA Personnel)				
EVALUATOR C				?		
Fee :		A	mount	:		
	0		er :			
		ate Issue				
Evaluated by :	R	eceived	by :			
RECEIPT DETA						
Name	:					
Signature						