

### **CAP MAIN MENU**

Enter New Application

Form Approval: OMB No.0910-0498

Expiration date: TBA\*

See OMB Statement at end of form

An Agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Modify Application

**Please Note:** 

Search Application

The system will automatically time out if there is no activity for 30 minutes and you will need to re-do your work from the beginning.

Print Application





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>>>>

Save & Exit >> Continue
Cancel & Start Again

#### **SECTION 1**

#### REQUESTER INFORMATION

>> Clear

\*COMPANY NAME

COUNTRY
UNITED STATES

\*ADDRESS LINE1

ADDRESS LINE2

\*ZIP/POSTAL CODE

\*CITY

Washington

\*STATE

District of Columbia

\*CONTACT PERSON NAME

Numbers only. No spaces, dashes or parentheses. Country Code not required for US phone numbers.

Country Area/City Phone Number Extension

(e.g.033) (e.g.101) (e.g.5551111) (e.g.1111)

\*CONTACT PHONE

Country

Area/City

Fax Number

Code Code

(e.g.033) (e.g.101) (e.g.5551111)

CONTACT FAX

\*CONTACT EMAIL

SECTION 2 EXPORTING COMPANY INFORMATION (THE NAME AND ADDRESS TO APPEAR ON THE CERTIFICATE)

>> AutoFill Address

>> Clear

\*COMPANY NAME

\*COUNTRY
UNITED STATES

\*ADDRESS LINE1

ADDRESS LINE2

\*ZIP/POSTAL CODE

\*CITY

Clearwater

\*STATE

Florida

\*CONTACT PERSON NAME

Numbers only. No spaces, dashes or parentheses. Country Code not required for US phone numbers.

Country Code Phone Number Extension

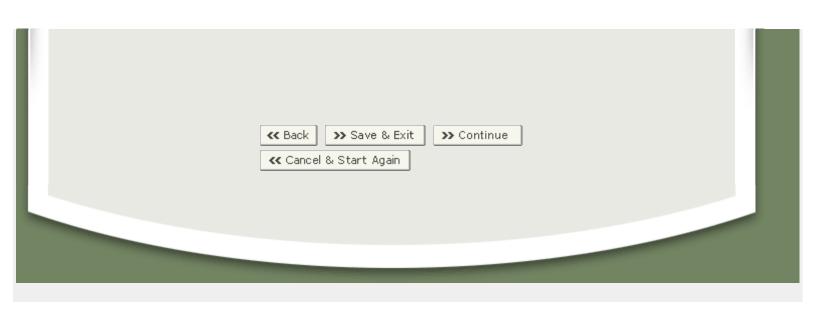
(e.g.033) (e.g.101) (e.g.5551111) (e.g.1111)

\*CONTACT PHONE

Country Area/City Fax Number
(e.g.033) (e.g.101) (e.g.5551111)

CONTACT FAX

\*CONTACT EMAIL





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>> Save & Exit

>> Continue

Cancel & Start Again

#### SECTION 3 TYPE OF "CERTIFICATE" REQUESTED

GENERAL Quantity: (Note: no s

(Note: no specific products will be listed).

- OR -

PRODUCT SPECIFIC Quantity:

You must type a "PRODUCT LIST" for each certificate

requested. This Product List will be attached to your export Certificate. For each product include the **exact** name as it appears on the label. **(Note: do NOT submit product labels or literature.)** 

Special Instructions:

### SECTION 4

SEND CERTIFICATE TO

#### \*SEND CERTIFICATE TO

SECTION 1 - REQUESTER

SECTION 2 - DISTRIBUTOR

OTHER (provide the below information)

\*COMPANY NAME

COUNTRY

Please Select Country

\*ADDRESS LINE1

ADDRESS LINE2

\*ZIP CODE

\*CITY

Please Select				
*STATE				
Please Select				
* CONTACT PERSON NA	AME			
Numbers only. No spaces, dashes or parentheses. Country Code not required for US phone numbers.				
	Country Code	Area/City Code	Phone Number	Extension
	(e.g.033)	(e.g.101)	(e.g.5551111)	(e.g.1111)
*CONTACT PHONE				
*CONTACT EMAIL				
*SEND INVOICE TO				
SECTION 1 - REQUESTER				
SECTION 2 - DISTRI	BUTOR			
Save & Exit Sometimes				
≪ Cancel & Start Aga	ain			





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>> Save & Exit

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### SECTION 5 CERTIFICATE DELIVERY

Certificates will be mailed via the U.S. Postal Service (Regular Mail) unless you make special arrangements as follows.

\*CARRIER NAME (express mail) US Mail

YOUR ACCOUNT NUMBER

### SECTION 6 FEES

\$10 for each certificate. Do not send money. You will receive an invoice.

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*,,,,,* 

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### SECTION 7 CERTIFICATE DELIVERY

The requester hereby presents and acknowledges that the company is aware that in making this request the company is subject to the terms and provisions of Title 18, Section 1001, United States Code which makes it a criminal offense to falsify, conceal, or cover up a material fact; make any material false, fictious, or fradulent statement or representation; or make or use any false writing or document knowing the same to contain any materially false, fictious, or fraudulent statement or entry.

\*NAME:

\*TITLE:

I Agree.

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>> Save & Exit

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Get Help ?

Please review your application. If all information is correct, click the **Submit** button below. To make changes to a section, click the **Edit** button for that section.

Date:02/08/2012 16:48:40

Created Date: Application Status:

Certificate Type: Color

#### SECTION 1 REQUESTER INFORMATION

COMPANY NAME: Test Requester

ADDRESS Line1: 2003 P Street Northwest

ADDRESS Line2:

CITY: Washington STATE/TERRITORY: District of Columbia

ZIP CODE: 20036 COUNTRY: UNITED STATES

TELEPHONE NUMBER: 1 202 6383434 FAX NUMBER:

CONTACT PERSON NAME: Ryan Brown EMAIL ADDRESS: rbrown@testrequester.com

## SECTION 2 EXPORTING COMPANY INFORMATION (THE NAME AND ADDRESS TO APPEAR ON THE CERTIFICATE)

EDIT

COMPANY NAME: Test Marine Enterprise

ADDRESS Line1: 1101 South Fort Harrison Avenue

ADDRESS Line2:

CITY: Clearwater STATE/TERRITORY: Florida
ZIP CODE: 33756 COUNTRY: United States

TELEPHONE NUMBER: 001 727 4434900; FAX NUMBER:

CONTACT PERSON NAME: Dennis Hall EMAIL ADDRESS: dhall@testmarine.com

#### SECTION 3 TYPE OF "CERTIFICATE" REQUESTED

**EDIT** 

**GENERAL** Quantity: (Note: no specific products will be listed).

#### SECTION 4 SEND CERTIFICATE TO

EDIT

SEND CERTIFICATE TO:

Requester Exporting Company Other

SEND INVOICE TO:

Requester Exporting Company

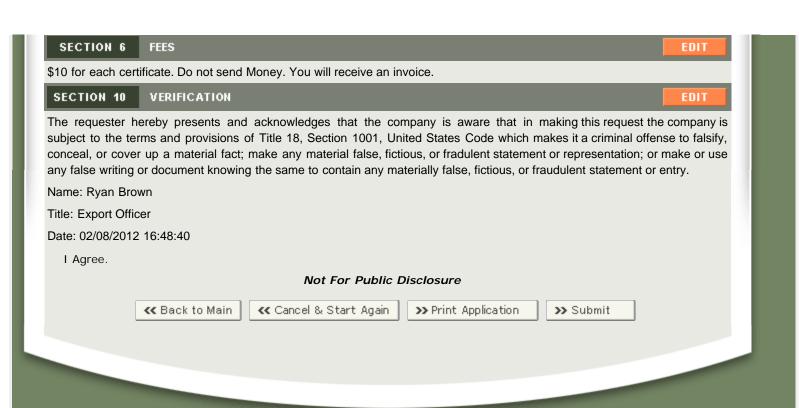
#### SECTION 5 CERTIFICATE DELIVERY

EDIT

Certificates will be mailed via the U.S. Postal Services (Regualr Mail), unless you make special arrangements as follows.

CARRIER NAME (express mail): US Mail

YOUR ACCOUNT NUMBER:







Get Help (?)



### . . . . . . . . . . . ENTER APPLICATION SUCCESSFUL! . . . . . . . . . . . . . . . . .

Your Application Number is 1513.

Please keep the Application number for your records. The Application number is required for all communications with FDA regarding this application. Please refer to the help section for more details.

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>> View Complete Application