

NOTIFICATION TO CBP ON LABORATORY/GAUGER SIGNATORY STATUS

Company ID #		RDP:	Date:
Company Name		Phone:	Fax:
Street			
City, State, Zip		Parent/Branch: Gauger/Laboratory	
Primary Contact			
Contact's Title			
Email Address			
Street, City, Zip			

AUTHORIZED LABORATORY SIGNATORIES		AUTHORIZED GAUGER SIGNATORIES	
Name:	Signature:	Name:	Signature:

QUALIFIED LAB TECHS (BS degree or 2 years experience)	QUALIFIED GAUGERS (6 months minimum experience)	QUALIFIED GAUGERS (6 months minimum experience)

Please submit this notification directly to your Commercial Gauger and Laboratory Program Manager (if known), by email to CBPGaugersLabs@cbp.dhs.gov, or by postal mail/express courier to:

U.S. Customs and Border Protection
 Laboratories and Scientific Services Directorate
 Attn: Commercial Gauger and Laboratory Program Manager
 1300 Pennsylvania Ave NW
 Suite 1500
 North Washington, D.C. 20229