DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

REQUEST FOR CBP LABORATORY METHODS

Request Limit of 3 Methods per Form

SECTION I - METHOD REQUESTED BY

Name (Last, First, MI)	Title
Business/Institution	Department

Contact Information

Phone Number	Mobile	Email	Submission Date

Mailing Address (No PO Box)

Street 1: _____

Street 2: _____

City: _____ State: _____ Zip: _____

SECTION II - CBP METHODS REQUESTED

Request Number 1

Method Number	Method Title

Intended Use of Method

Request Number 2

Method Number	Method Title

Intended Use of Method

Request Number 3

Method Number	Method Title

Intended Use of Method

Submit by Email