

NOTIFICATION TO CBP ON LABORATORY/GAUGER SIGNATORY STATUS

Company Name		Date:	
Site Name	Phone:	Fax:	
Site Address			
City, State, Zip			
Primary Contact			
Contact's Title	Contact's Email:	Contact's Email:	
Contact's Address			
City, State, Zip			

AUTHORIZED LABORAT	FORY SIGNATORIES	AUTHORIZED GAUGE	R SIGNATORIES

QUALIFIED LABORATORY ANALYSTS (BS degree or 2 years of experience)	QUALIFIED GAUGERS (6 months of experience)

Please submit this form directly to your Commercial Gauger and Laboratory Program Manager (if known), by email to <u>CBPGaugersLabs@cbp.dhs.gov</u>, 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 1331 Pennsylvania Ave, NW CB-03 Mail Stop #1110 Washington, D.C. 20229-1110