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U. S. Department of Homeland Security
Customs and Border Protection
Laboratories and Scientific Services Directorate

Request for CBP Laboratory (CBPL) Methods

Request Limit of 3 Methods Per Form. All Sections Must Be Completed Prior to Submission

Section I. Method Requested By

Name:	**Title:**
Business/ Institution:	**Department:**
Contact info: Phone:	**E-Mail:**
Mailing Address: (No P.O. Box)	**Submission Date:**

Section II. CBPL Methods Requested

Method Number: **Method Name:**

Intended Use of Method:

Method Number and Name:

Intended Use of Method:

Method Number and Name:

Intended Use of Method: