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

Request for CBP Laboratory (CBPL) Methods

Request Limit of 3 Methods Per Form

Section I. Method Requested By

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

Section II. CBPL Methods Requested

Request #1 **Method Number:** **Method Name:**

Intended Use of Method:

Request #2 **Method Number:** **Method Name:**

Intended Use of Method:

Request #3 **Method Number:** **Method Name:**

Intended Use of Method: