



**BUREAU
VERITAS**



Controller Contact Information

Company Name:	
Company Address:	Controller Address:

Controller Name:
Telephone:
Fax:
E-Mail:

Please provide a Primary Alternate and a Secondary Alternate if applicable

Alternate Name:	Alternate Name:
Telephone:	Telephone:
Fax:	Fax:
E-Mail:	E-mail:

Company Authorization:

President Signature:	Printed Name:	Date:
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Submit this completed document to:

Bureau Veritas Consumer Products Services Attn: Keith Hooper Phone: 716-505-3370 Fax: 716-505-3301 Email: booking_cpsibuf@us.bureauveritas.com

BV USE ONLY	DATE STAMP:
Comments:	