DEPARMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
FOOD, DRUG AND COSMETIC PROGRAM
P.O. Box 2816 Agana, Guam 96910

PRE-IMPORTATION CLEARANCE APPLICATION FORM

Date_____

Name of Applicant and Title_____

Name of Establishment_____

Street Address of Establishment_____

Mailing Address of Establishment_____

Phone Number_____ Facsimile Number_____

NOTE: A separate application form must be submitted for each separate food, drug, cosmetic and medical device. For those products that are exactly the same in composition and labeling, but different only in net weight, then one form may be used. In such case(s), please specify the various net weights and other information as stated below. A copy of the product label for each unit container size and the full description of the item must be attached. Any other additional information pertinent to the application may also be attached.

Please Check (✓) Where Applicable:
☐Food ☐Drug ☐Medical Device ☐Cosmetic Product

Full Name of Product_____

Common Identifying Name_____
(i.e. bread, antibiotics, perfume)

Container[1]	Cases or Bags	Unit[2]/Case	Unit Size[3]	Value Please Circle: Wholesale (W) or Retail (R)
				$ W R
				$ W R
				$ W R

[1]Total number of shipping containers
[2]Units = boxes, bottles, packages, bars, etc.
[3]Size = ounces (oz.), fluid ounce (fl. oz.), numerical count, etc.

Manufacturer, Packer, or Distributor_____
(Please Specify)

Country of Origin_____ Carrier/Port of Entry_____

FOR OFFICE USE ONLY: PIC No.:_____

The above product has ☐ met / ☐ not met } the requirements of 10 GCA Chapter 40 for importation into Guam.

_____ Date

_____ Director, DPH&SS

WHITE: DPH&SS YELLOW: Applicant