



DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

**REQUEST FOR CBP LABORATORY METHODS**

Request Limit of 3 Methods per Form

**SECTION I - METHOD REQUESTED BY**

Name (Last, First, MI)	Title
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Business/Institution	Department
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**Contact Information**

Phone Number	Mobile	Email	Submission Date
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Mailing Address (No PO Box)

Street 1: \_\_\_\_\_  
Street 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION II - CBP METHODS REQUESTED**

**Request Number 1**

Method Number	Method Title
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Intended Use of Method

**Request Number 2**

Method Number	Method Title
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Intended Use of Method

**Request Number 3**

Method Number	Method Title
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Intended Use of Method