



PRODUCT LOCATION OR COMPANY NAME CHANGE FORM

**Materials Bureau
Quality Control Section
P.O. Box 201001
Helena, Montana 59620-1001**

Old Location Or Company Name	Company Name:		
	Address:		
	Address:		
	City:	State:	Zip code:
	Phone:	Fax:	e-mail:
	Web Site:		
New Location Or Company Name	Company Name:		
	Address:		
	Address:		
	City:	State:	Zip code:
	Phone:	Fax:	e-mail:
	Web Site:		
<input type="checkbox"/> New Location		<input type="checkbox"/> New Company Name	

I certify that only the location or company name of the subject product has been changed, and that is the only change. It is materially the same product, with the exact formula, composition, manufacturing process, and QC program. I further certify that I am the authorized representative, and the test data supplied in the past still accurately represents the product and that it is still applicable for the categories qualified for. Please change the location of the product in your records on the effective date shown above.

Manufacturer's Representative (printed)

Manufacturer's Representative (signature)

Date

MDT Use Only	
Received By:	Date: