



PRODUCT NAME CHANGE FORM

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

Effective date:

Manufacturer:

Old Product Name:

New Product Name:

I certify that only the 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 location and 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 name 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: