



REQUEST FOR pH RE-EVALUATION COVER LETTER



Requestor: Complete Items 1-7 only, then forward to University of California Laboratory for Research in Food Preservation (UCLRFP) at the address below.

Your request must include the “Request for pH Re-Evaluation” form and a check in the amount of \$60 for each product to be re-evaluated in order to be processed.

1. Name of Firm or Individual / DBA			
2. Requestor's Address (number, street)			
3. City	State	Zip Code	4. Telephone
5. Product Name / Description		6. S-Number	
7. Date Product Submitted to Laboratory			

DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY STATE AGENCY

Fee Received: Date: _____ Amount: _____ Re-Evaluation Request form Received

Product Status with Lab: Received Tested Results Provided

Letter Completed / Sent: Date: _____

**MAKE CHECKS PAYABLE TO:
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH**

**MAIL FORMS AND CHECK WITH PRODUCTS TO:
UCLRFP - New Products
12647 Alcosta Blvd., Suite 195
San Ramon, CA 94583**