



# REQUEST FOR pH RE-EVALUATION COVER LETTER



Food and Drug Branch  
Cannery Program  
P.O. Box 997435, MS 7602  
Sacramento, CA 95899-7435  
(916) 650-6500

**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			
<b>DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY STATE AGENCY</b>			
<b>Fee Received:</b> <input type="checkbox"/> <b>Date:</b> _____ <b>Amount:</b> _____ <b>Re-Evaluation Request form Received</b> <input type="checkbox"/>			
<b>Product Status with Lab:</b> <b>Received</b> <input type="checkbox"/> <b>Tested</b> <input type="checkbox"/> <b>Results Provided</b> <input type="checkbox"/>			
<b>Letter Completed / Sent:</b> <input type="checkbox"/> <b>Date:</b> _____			

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

MAIL FORMS AND CHECK WITH PRODUCTS TO:

**University of California Laboratory for Research in Food Preservation (UCLRFP)  
6665 Amador Plaza Road Suite 207  
Dublin, CA 94568**