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Please send the completed and signed form by post to the following address:

Bundesamt für Verbraucherschutz und Lebensmittelsicherheit

## Dienstsitz Braunschweig

## Postfach 15 64

### 38005 Braunschweig

**Deutschland**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Application to Register a new User

# for the BVL Portal

***Note: your registration is person-related and not company-related!***

Title: [ ]  Mr [ ]  Ms

Last name:

First name:

Company:

Address:

Email:

Telephone:

Fax:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date, signature (handwritten)

 (company stamp)