



ONLY USE THIS FORM FOR THE FIRST SUBMISSION OF AN ITEM. WHEN RESUBMITTING AN ITEM,
USE A COPY OF THE PRODUCT APPROVAL FORM AS YOUR RESUBMISSION FORM.

WARNER BROS. CONSUMER PRODUCTS

Brand Assurance, Licensing Division

CONCEPT SUBMISSION FORM

If you have not submitted a concept for this particular item and have proceeded directly to
the pre-production stage, circle here > PRE-PRODUCTION.

SUBMIT ONE ITEM PER FORM

All fields defined by **field name** are mandatory and must be completed correctly. Submissions will be returned unprocessed if information is incorrect or missing.

LICENSEE REFERENCE NUMBER:		JOB NUMBER:							
		To be completed by WBCP							
LICENSEE INFORMATION		Date of Submission:							
Licensee:		This information MUST be correct in order for your submission to be processed. Call your AE with any questions.							
Contact Name:		Contract #:							
		Territory:							
Address:									
		Property:							
Telephone:		Account Executive Name:							
Email:									
Fax:		Style Guide Name:							
		Page #:							
PRODUCT INFORMATION		If art was bluelined for you by our Creative Services department, type yes in this box and attach a copy of the blueline.							
Product Type: (t-shirt/watch/jewelry/packaging* etc.)		Design Assistance Requested:							
		(answer yes or no)							
*If you are submitting packaging, indicate which items are to be sold in this packaging and reference the WBCP job numbers for those items. If you are submitting a hang tag or label, indicate the name of the manufacturer.		Submission to be returned?							
		(If yes or no isn't indicated here, the submission will <u>NOT</u> be returned)							
		Federal Express A/C #							
Description: Please give a detailed description so that if this form is separated from the item we can match them up again.		End User Target: (type in male or female)							
		(indicate the age group below)							
		☐ Adult (16+ Yrs) ☐ Toddler (18 mos.-3 Yrs)							
		☐ Youth (7-13 Yrs) ☐ Infant (0-18 Months)							
		☐ Child (4-7 Yrs)							
Method of Decoration:		Specify channel of distribution by indicating yes below which one applies:							
(woven, printed, heat seal, etc.)		<table border="1"><tr><td>Mass/Drug/ Food</td><td>Mid Tier/ AAFES</td><td>Department Stores/ Specialty Retailers</td></tr><tr><td></td><td></td><td></td></tr></table>		Mass/Drug/ Food	Mid Tier/ AAFES	Department Stores/ Specialty Retailers			
Mass/Drug/ Food	Mid Tier/ AAFES	Department Stores/ Specialty Retailers							
Production/Color Limitation (if any):		On Floor Date From: To:							
(limited to 6 colors, for example)		Brand Assurance Date Stamp:							
PACKAGING INFORMATION									
Will this product be sold in a package? (answer yes or no)		URGENT! Submission For Approval Send to: BRAND ASSURANCE Warner Bros. Consumer Products 4001 West Olive Ave, 3rd Floor Burbank, California 91505							
*If yes, submit packaging on a separate "Concept Submission Form".									
Will this product be sold in a set? (answer yes or no)									
Will this product be sold in a set? (answer yes or no)									
*If yes, call your BA Rep for submission instructions.									
ACCOUNT EXECUTIVE COMMENTS									
This section is to be completed by the Account Executive only.									
A.E. Name:		Approved w/ Comments							
Date:		Not Approved							
Approved		RUSH							
Route to CS: Yes No		(A.E initials for Rush)							

NOTE: TURNAROUND TIME IS 10 BUSINESS DAYS FROM BRAND ASSURANCE RECEIPT, EXCLUDING HOLIDAYS.

Any approvals granted hereunder shall be subject to final execution of a license agreement between the two parties.

WARNER BROS. CONSUMER PRODUCTS - CONCEPT SUBMISSION FORM • 4001 West Olive, The Triangle Building, Burbank CA 91505