



WARNER BROS. CONSUMER PRODUCTS

Brand Assurance, Licensing Division

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.

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:	
		Account Executive Name:	
Telephone:		Style Guide Name:	
Email:		Page Nos./ Image Nos. (list on reverse side if required)	
Fax:		If this art was referenced from another source, type yes in this box and attach details of the reference.	
PRODUCT INFORMATION		Design Assistance Requested:	
		(answer yes or no)	
Product Type: (e.g t-shirt/watch/jewelry/packaging* etc.)		Submission to be returned?	
		(If yes or no isn't indicated here, the submission will NOT be returned)	
*If you are submitting packaging, indicate which items are to be sold in this packaging and reference the WBCP job numbers for those items.		Federal Express A/C #	
		End User Target: (type in male or female)	
		(indicate the age group below)	
Description: Please give a detailed description of the design so that if this form is separated from the item we can match them up again.		Adult (16+ Yrs) Toddler (18 mos.-3 Yrs)	
		Youth (7-15 Yrs) Infant (0-18 Months)	
		Child (4-7 Yrs)	
		Specify channel of distribution:(e.g.Dept/Specialty,Book Stores,Target)	
Method of Decoration:		List areas of retail distribution	
(e.g printed, embroidered, badge etc.)			
		On Floor Date From: To:	
Production/Color Limitation (if any):		Brand Assurance Date Stamp:	
(e.g limited to 6 colors)			
PACKAGING INFORMATION			
Will this product be sold in a package? (answer yes or no)		URGENT! Submission For Approval Send to: BRAND ASSURANCE Level 2, 31 Pelham St. Carlton, Victoria, 3053 Australia	
*If yes, submit new packaging on a separate "Concept Submission Form".			
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:		Date:	
		Approved	
		Approved w/ Comments	
		Not Approved	
		Route to CS: Yes No	
		RUSH	
		(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.

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