



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:	
LICENSEE INFORMATION	
Licensee:	
Contact Name	
Address:	
Telephone:	
Email:	
Fax:	
PRODUCT INFORMATION	
Product Type:	(t-shirt/watch/jewelry/packaging* etc.)
*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.	
Description:	Please give a detailed description so that if this form is separated from the item we can match them up again.
Method of Decoration:	
(woven, printed, heat seal, etc.)	
Production/Color Limitation (if any):	
(limited to 6 colors, for example)	
PACKAGING INFORMATION	
Will this product be sold in a package? (answer yes or no)	
*If yes, submit 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.	

JOB NUMBER:		
To be completed by WBCP		
Date of Submission:		
This information MUST be correct in order for your submission to be processed. Call your AE with any questions.		
Contract #:	Territory:	
Property:		
Account Executive Name:		
Style Guide Name:		
Page #:		
If art was bluelined for you by our Creative Services department, type yes in this box and attach a copy of the blueline.		
Design Assistance Requested:		
(answer yes or no)		
Submission to be returned?		
(If yes or no isn't indicated here, the submission will <u>NOT</u> be returned)		
Federal Express A/C #		
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)		
Specify channel of distribution by indicating yes below which one applies:		
☐ Mass/Drug/ Food	☐ Mid Tier/ AAFES	☐ Department Stores/ Speciality Retailers
On Floor Date	From:	To:
Brand Assurance Date Stamp:		
URGENT!		
Submission For Approval		
Send to: BRAND ASSURANCE Warner Bros. Consumer Products 4576 Yonge St. 2nd Floor North York, Ontario M2N 6P1 CANADA		
Remember to use the bright green sticker to ensure prompt delivery to the Brand Assurance department.		

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.

WARNER BROS. CONSUMER PRODUCTS - CONCEPT SUBMISSION FORM • 4576 Yonge St, 2nd Floor - North York, Ontario M2N 6P1 CANADA