

[Your Company Letterhead]

[Date]

[FDA Office Name]

[FDA Address]

[City, State, Zip Code]

Subject: Authorization for FDA Submission

Dear [FDA Official's Name],

We, [Your Company Name], hereby authorize [Authorized Individual's Name], [Title], to act on our behalf in all matters related to the submission of [Type of Submission, e.g., IND, NDA, 510(k)] for our product [Product Name].

This authorization includes, but is not limited to, the submission of any documents, correspondence, and reports required to facilitate the review process.

We confirm that [Authorized Individual's Name] has the necessary expertise and authority to represent our interests in interactions with the FDA.

Should you have any questions or require further information, please do not hesitate to contact us at [Your Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[Your Phone Number]

[Your Email Address]