

SEPRM Shell Egg Producer Registration Module



>> [FURLS HOME](#)

SEPRM MAIN MENU

[Register a Shell Egg Facility](#)

Please Note:

The system will automatically time out if there is no activity for 30 minutes and you will need to re-do your work from the beginning.

[Update Shell Egg Registration](#)

[Cancel Shell Egg Registration](#)

[Search Facility Registrations](#)



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SECTION 1 TYPE OF REGISTRATION

*** - These fields are required**

*FACILITY LOCATION

[Please Select]

*** ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY?**

Yes No

If "yes", provide the following information, if known

Previous owner's name

Previous owner's registration number

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SECTION 2 FACILITY NAME / ADDRESS INFORMATION

*** - These fields are required**

>> Clear

*FACILITY NAME

*COUNTRY

-----UnitedStates-----

*FACILITY STREET ADDRESS, Line1

FACILITY STREET ADDRESS, Line2

Please enter 'NONE' in zip code field if zip codes are not used in selected country

*ZIP CODE (POSTAL CODE)

*CITY

[Please Select]

*STATE/PROVINCE/TERRITORY

[Please Select]

Numbers only. No spaces, dashes or parentheses. Country Code not required for US phone numbers.

Country Code	Area/City Code	Phone Number	Extension
(e.g.033)	(e.g.101)	(e.g.5551111)	(e.g.1111)

*PHONE NUMBER

Country Code	Area/City Code	Fax Number
(e.g.033)	(e.g.101)	(e.g.5551111)

FAX NUMBER

E-MAIL ADDRESS

SECTION 3 OPTIONAL: PREFERRED MAILING ADDRESS INFORMATION

(complete this section only if different from Section 2, Facility Name/Address Information)

***** - This section is optional. If you intend to complete this section, the fields marked with *** are necessary for the system to process a complete response**

>> AutoFill Address

>> Clear

Autofill Address will fill the address fields automatically using data in Section 3 from the last registration entered

***NAME

***COUNTRY

[Please Select]

***ADDRESS, Line1

ADDRESS, Line2

***ZIP CODE (POSTAL CODE)

***CITY

***STATE/PROVINCE/TERRITORY

[Click here to select a Province / Territory](#)

Numbers only. No spaces, dashes or parentheses. Country Code not required for US phone numbers.

Country Code	Area/City Code	Phone Number	Extension
(e.g.033)	(e.g.101)	(e.g.5551111)	(e.g.1111)

***PHONE NUMBER

Country Code	Area/City Code	Fax Number
(e.g.033)	(e.g.101)	(e.g.5551111)

FAX NUMBER

E-MAIL ADDRESS

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SECTION 4 SEASONAL FACILITY DATES OF OPERATION (Optional)

(GIVE THE APPROXIMATE DATES THAT YOUR FACILITY IS OPEN FOR BUSINESS, IF ITS OPERATIONS ARE ON A SEASONAL BASIS)

DATES OF OPERATION

SECTION 5 SIZE OF OPERATION

* - **These fields are required**

*Average OR Usual Number of Layers in Each Poultry House

*Number of Poultry Houses on the Farm

Total Number Of Layers:

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SECTION 6 OWNER OR OPERATOR INFORMATION

* - These fields are required

*NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER/OPERATOR

PROVIDE THE FOLLOWING INFORMATION, IF DIFFERENT FROM ALL OTHER SECTIONS ON THE FORM. IF INFORMATION IS THE SAME AS ANOTHER SECTION OF THE FORM, CHECK WHICH SECTION:

Section 2 - Facility Address Information or

Section 3 - Preferred Mailing Address Information

>> Clear

*COUNTRY

[Please Select]

*STREET ADDRESS, Line1

STREET ADDRESS, Line2

Please enter 'NONE' in zip code field if zip codes are not used in selected country

*ZIP CODE (POSTAL CODE)

*CITY

*STATE/PROVINCE/TERRITORY

[Click here to select a Province / Territory](#)

Numbers only. No spaces, dashes or parentheses. Country Code not required for US phone numbers.

Country Code	Area/City Code	Phone Number	Extension
(e.g.033)	(e.g.101)	(e.g.5551111)	(e.g.1111)

*PHONE NUMBER

Country	Area/City
---------	-----------

Code	Code	Fax Number
(e.g.033)	(e.g.101)	(e.g.5551111)

FAX NUMBER

EMAIL

SECTION 7 CERTIFICATION STATEMENT

The owner or operator of the facility, or an individual authorized by the owner or operator of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner or operator of the facility certifies that the above information is true and accurate. An individual (other than the owner or operator of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the behalf. An individual authorized by the owner or operator must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C. 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

I have read and understand the above statement

*** - These fields are required**

PRINT NAME OF THE SUBMITTER

CHECK ONE BOX

A. OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)

B. INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

IF YOU CHECKED BOX B ABOVE, INDICATE WHO AUTHORIZED YOU TO SUBMIT THE REGISTRATION:

OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)

NAME OF INDIVIDUAL

WHO AUTHORIZED REGISTRATION ONBEHALF OF OWNER, OPERATOR, OR AGENT IN CHARGE (FILL IN ADDRESS BELOW)

>> AutoFill Address

>> Clear

**** - These fields are required only if the section applies**

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL:

**COUNTRY

[Please Select]

**AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2

Please enter 'NONE' in zip code field if zip codes are not used in selected country

**ZIP CODE (POSTAL CODE)

**CITY

**STATE/PROVINCE/TERRITORY

[Click here to select a Province / Territory](#)

Numbers only. No spaces, dashes or parentheses. Country Code not required for US phone numbers.

Country Code	Area/City Code	Phone Number	Extension
(e.g.033)	(e.g.101)	(e.g.5551111)	(e.g.1111)

**PHONE NUMBER

Country Code	Area/City Code	Fax Number
(e.g.033)	(e.g.101)	(e.g.5551111)

FAX NUMBER

E-MAIL ADDRESS



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Get Help

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date:03/10/2010 15:21:21

SECTION 1 TYPE OF REGISTRATION

EDIT

1a. DOMESTIC REGISTRATION

1b. INITIAL REGISTRATION: *Registration number will be generated upon submission*

* ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? Yes No

1c. Previous owner's name: Previous owner's registration number:

SECTION 2 FACILITY NAME / ADDRESS INFORMATION

EDIT

FACILITY NAME: Dobbins Creek Farm

FACILITY STREET ADDRESS, Line1: 123 Dobbins Creek Lane

FACILITY STREET ADDRESS, Line2:

CITY: Lovettsville STATE/PROVINCE/TERRITORY: Virginia

ZIP CODE (POSTAL CODE): 20180

COUNTRY: United States

PHONE NUMBER (Include Area/Country Code): 301 7709610

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS:

SECTION 3 PREFERRED MAILING ADDRESS INFORMATION (Optional)

EDIT

(Complete this section only if different from Section 2, Facility Name/Address Information)

NAME :

ADDRESS, Line1:

ADDRESS, Line2:

CITY : STATE/PROVINCE/TERRITORY:

ZIP CODE (POSTAL CODE):

COUNTRY:

PHONE NUMBER (Include Area/Country Code):

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS:

SECTION 4 SEASONAL FACILITY DATES OF OPERATION (Optional)

EDIT

(GIVE THE APPROXIMATE DATES THAT YOUR FACILITY IS OPEN FOR BUSINESS, IF IT OPERATIONS ARE ON A SEASONAL BASIS.)

DATES OF OPERATION:

SECTION 5 SIZE OF OPERATION

EDIT

(GIVE The average number of laying hens per house & Total number of poultry houses on the farm.)

Average OR Usual Number of Layers in Each Poultry House: 50

Number of Poultry Houses on the Farm: 100

Total Number Of Layers: 5000

SECTION 6 OWNER, OPERATOR, OR AGENT IN CHARGE INFORMATION

EDIT

PROVIDE THE FOLLOWING INFORMATION, IF DIFFERENT FROM ALL OTHER SECTIONS ON THE FORM. IF INFORMATION IS THE SAME AS ANOTHER SECTION OF THE FORM, CHECK WHICH SECTION:

Section 2 - Facility Address Information

Section 3 - Preferred Mailing Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: Frank Purdue Jr.

STREET ADDRESS, Line 1: 123 Dobbins Creek Lane

STREET ADDRESS, Line 2:

CITY: Lovettsville

STATE/PROVINCE/TERRITORY: Virginia

ZIP CODE (POSTAL CODE): 20180

COUNTRY: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 301 7709610

FAX NUMBER (OPTIONAL; Include Area/Country Code):

E-MAIL ADDRESS (OPTIONAL):

SECTION 7 CERTIFICATION STATEMENT

EDIT

The owner or operator of the facility, or an individual authorized by the owner or operator of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner or operator of the facility certifies that the above information is true and accurate. An individual (other than the owner or operator of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the behalf. An individual authorized by the owner or operator must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C. 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Frank Purdue Jr.

CHECK ONE BOX A.OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED) B.INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

IF YOU CHECKED BOX B ABOVE, INDICATE WHO AUTHORIZED YOU TO SUBMIT THE REGISTRATION:

OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)

NAME OF INDIVIDUAL WHO AUTHORIZED REGISTRATION ONBEHALF OF OWNER,OPERATOR, OR AGENT IN CHARGE (FILL IN ADDRESS BELOW)

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL:

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1:

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2:

CITY:

STATE/PROVINCE/TERRITORY:

ZIP CODE (POSTAL CODE):

COUNTRY:

PHONE NUMBER (Include Area/Country Code):

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS:

>> Submit

<< Cancel & Start Again From Section 1



[Get Help](#) 

..... **Registration Successful !**

Your Registration Number is 29808527896

Please keep the registration number for your records.

The registration number is required for all communications with FDA regarding this registration.

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[>> View Complete Registration](#)



Get Help

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>> Print Registration

Date:03/10/2010 15:22:29

SECTION 1 TYPE OF REGISTRATION

1a. DOMESTIC REGISTRATION

1b. INITIAL REGISTRATION : 29808527896

* ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? Yes No

1c. Previous owner's name: Previous owner's registration number:

SECTION 2 FACILITY NAME / ADDRESS INFORMATION

FACILITY NAME: Dobbins Creek Farm

FACILITY STREET ADDRESS, Line1: 123 Dobbins Creek Lane

FACILITY STREET ADDRESS, Line2:

CITY: Lovettsville STATE/PROVINCE/TERRITORY: Virginia

ZIP CODE (POSTAL CODE): 20180

COUNTRY: United States

PHONE NUMBER (Including Area & Country Code, if applicable): 301 7709610

FAX NUMBER (Including Area & Country Code, if applicable):

E-MAIL ADDRESS:

SECTION 3 PREFERRED MAILING ADDRESS INFORMATION (Optional)

(Complete this section only if different from Section 2, Facility Name/Address Information)

NAME :

ADDRESS, Line1:

ADDRESS, Line2:

CITY : STATE/PROVINCE/TERRITORY:

ZIP CODE (POSTAL CODE):

COUNTRY:

PHONE NUMBER (Including Area & Country Code, if applicable):

FAX NUMBER (Including Area & Country Code, if applicable):

E-MAIL ADDRESS:

SECTION 4 SEASONAL FACILITY DATES OF OPERATION (Optional)

(GIVE THE APPROXIMATE DATES THAT YOUR FACILITY IS OPEN FOR BUSINESS, IF IT OPERATIONS ARE ON A SEASONAL BASIS.)

DATES OF OPERATION:

SECTION 5 SIZE OF OPERATION

(GIVE The average number of laying hens per house & Total number of poultry houses on the farm.)

Average OR Usual Number of Layers in Each Poultry House: 50

Number of Poultry Houses on the Farm: 100

Total Number Of Layers: 5000

SECTION 6 OWNER, OPERATOR, OR AGENT IN CHARGE INFORMATION

PROVIDE THE FOLLOWING INFORMATION, IF DIFFERENT FROM ALL OTHER SECTIONS ON THE FORM. IF INFORMATION IS THE SAME AS ANOTHER SECTION OF THE FORM, CHECK WHICH SECTION:

Section 2 - Facility Address Information

Section 3 - Preferred Mailing Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: Frank Purdue Jr.

STREET ADDRESS, Line 1: 123 Dobbins Creek Lane

STREET ADDRESS, Line 2:

CITY: Lovettsville

STATE/PROVINCE/TERRITORY: Virginia

ZIP CODE (POSTAL CODE): 20180

COUNTRY: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 301 7709610

FAX NUMBER (OPTIONAL; Include Area/Country Code):

E-MAIL ADDRESS (OPTIONAL):

SECTION 7 CERTIFICATION STATEMENT

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NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Frank Purdue Jr.

CHECK ONE BOX A. OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED) B. INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

IF YOU CHECKED BOX B ABOVE, INDICATE WHO AUTHORIZED YOU TO SUBMIT THE REGISTRATION:

OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)

Frank Purdue Jr. NAME OF INDIVIDUAL WHO AUTHORIZED REGISTRATION ON BEHALF OF OWNER, OPERATOR, OR AGENT IN CHARGE (FILL IN ADDRESS BELOW)

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL:

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1:

CITY:

STATE/PROVINCE/TERRITORY:

ZIP CODE (POSTAL CODE):

COUNTRY:

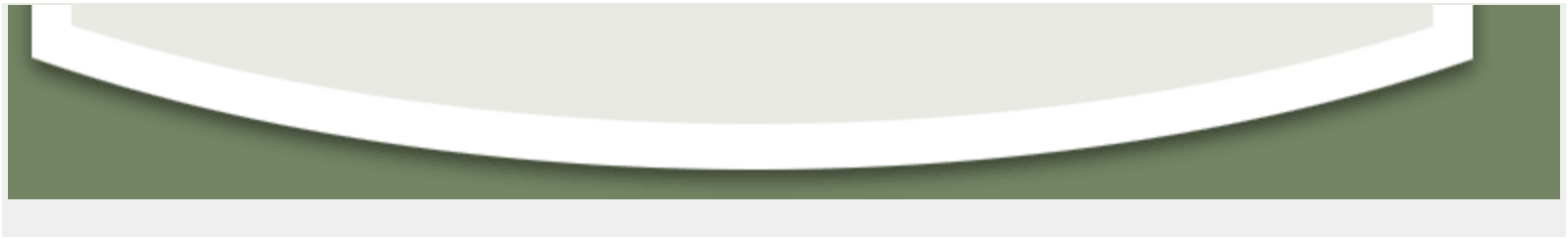
PHONE NUMBER (including country & area code (if applicable):

FAX NUMBER (including country & area code (if applicable):

E-MAIL ADDRESS:

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[» Print Registration](#)





Get Help

Your account has access to the following registrations. Please click on a registration number to select a registration for update.

Reg No.	Facility Name	Facility Address
27435662078	Dobbins Creek Farm	123 Dobbins Creek Lane, Lovettsville, VA, 20180, US
25233476044	Meyers Farm	123 Old Country Road, Lovettsville, VA, 20180, US

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Get Help

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date:03/10/2010 15:54:28

Created Date: 03/10/2010 15:06:27	Created by: Susan Loeser
Last Updated: 03/10/2010 15:06:27	Last Modified by: -NA-
Registration Status: VALID	Last Modified by Company: -NA-

SECTION 1 TYPE OF REGISTRATION

1a. DOMESTIC REGISTRATION

1b. UPDATE OF REGISTRATION INFORMATION: **Registration number 27435662078**

* ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? Yes No

1c. Previous owner's name: _____ Previous owner's registration number: _____

SECTION 2 FACILITY NAME / ADDRESS INFORMATION

EDIT

FACILITY NAME: Dobbins Creek Farm

FACILITY STREET ADDRESS, Line1: 123 Dobbins Creek Lane

FACILITY STREET ADDRESS, Line2:

CITY: Lovettsville STATE/PROVINCE/TERRITORY: Virginia

ZIP CODE (POSTAL CODE): 20180

COUNTRY: United States

PHONE NUMBER (Include Area/Country Code): 301 7709610

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS:

SECTION 3 PREFERRED MAILING ADDRESS INFORMATION (Optional)

EDIT

(Complete this section only if different from Section 2, Facility Name/Address Information)

NAME :

ADDRESS, Line1:

ADDRESS, Line2:

CITY : STATE/PROVINCE/TERRITORY:

ZIP CODE (POSTAL CODE):

COUNTRY:

PHONE NUMBER (Include Area/Country Code):

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS:

SECTION 4 SEASONAL FACILITY DATES OF OPERATION (Optional) EDIT

(GIVE THE APPROXIMATE DATES THAT YOUR FACILITY IS OPEN FOR BUSINESS, IF IT OPERATIONS ARE ON A SEASONAL BASIS.)

DATES OF OPERATION:

SECTION 5 SIZE OF OPERATION EDIT

(GIVE The average number of laying hens per house & Total number of poultry houses on the farm.)

Average OR Usual Number of Layers in Each Poultry House: 50

Number of Poultry Houses on the Farm: 100

Total Number Of Layers: 5000

SECTION 6 OWNER, OPERATOR, OR AGENT IN CHARGE INFORMATION EDIT

PROVIDE THE FOLLOWING INFORMATION, IF DIFFERENT FROM ALL OTHER SECTIONS ON THE FORM. IF INFORMATION IS THE SAME AS ANOTHER SECTION OF THE FORM, CHECK WHICH SECTION:

Section 2 - Facility Address Information

Section 3 - Preferred Mailing Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: Frank Purdue Jr.

STREET ADDRESS, Line 1: 123 Dobbins Creek Lane

STREET ADDRESS, Line 2:

CITY: Lovettsville STATE/PROVINCE/TERRITORY: Virginia

ZIP CODE (POSTAL CODE): 20180

COUNTRY: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 301 7709610

FAX NUMBER (OPTIONAL; Include Area/Country Code):

E-MAIL ADDRESS (OPTIONAL):

SECTION 7 CERTIFICATION STATEMENT EDIT

The owner or operator of the facility, or an individual authorized by the owner or operator of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner or operator of the facility certifies that the above information is true and accurate. An individual (other than the owner or operator of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the behalf. An individual authorized by the owner or operator must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C. 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Frank Purdue Jr.

CHECK ONE BOX A. OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED) B. INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

IF YOU CHECKED BOX B ABOVE, INDICATE WHO AUTHORIZED YOU TO SUBMIT THE REGISTRATION:

OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)

NAME OF INDIVIDUAL WHO AUTHORIZED REGISTRATION ONBEHALF OF OWNER, OPERATOR, OR AGENT IN CHARGE (FILL IN ADDRESS BELOW)

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL:

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1:

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2:

CITY: STATE/PROVINCE/TERRITORY:

ZIP CODE (POSTAL CODE):

COUNTRY:

PHONE NUMBER (Include Area/Country Code):

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS:

>> Submit

Cancel <<

Get Help **SEARCH FACILITY REGISTRATIONS****FACILITY SEARCH**

NAME:

CITY:

COUNTRY: [Please Select]

STATE / PROVINCE
/TERRITORY: [Click here to select a Province / Territory](#)*Please enter 'NONE' in zip code field if zip codes are not used in selected country*

ZIP:

REGISTRATION#:

TOTAL # OF LAYERS
(min):TOTAL # OF LAYERS
(max):# OF POULTRY HOUSES
(min):# OF POULTRY HOUSES
(max):

START DATE:

*Please enter the created date in mm/dd/yyyy format.
e.g. 01/31/2010*

END DATE:

*Please enter the created date in mm/dd/yyyy format.
e.g. 01/31/2010*

>> Submit

>> Reset

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SEARCH FACILITY REGISTRATIONS - SEARCH RESULTS

>> Modify Search

>> New Search

Search Results - **Active Registrations: 2** **Cancelled Registrations: 0** **Total Registrations: 2**

Note: denotes Canceled Registrations

The following registrations match your search criteria. You can use the up and down arrows to sort the registration list.

▲ Reg Nbr ▼	▲ Facility Name ▼	▲ Facility Address ▼	▲ City ▼	▲ State/Zip ▼	▲ Country ▼	▲ Total # of Layers ▼	▲ Created Date ▼
20460545390	GNSI	11820 Parklawn Drive	Rockville	Maryland - 20852	UNITED STATES	27000	2010-03-02 19:03:10.0
22465301490	Foreign Test	1234 MG Street	Ahmedabad	Gujarat - 388270	INDIA	1000000	2010-03-03 13:42:25.0

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>> Cancel Registration

>> Update Registration