	FOR FDA USE ONLY	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration	APPROVAL DATE:	
MEDICATED FEED MILL LICENSE APPLICATION	SIGNED BY:	
MANUFACTURING SITE LEGAL BUSINESS NAME:	(For the Commissioner of Food and Drugs)	
ADDRESS: (Street, City, State and Zip code)	LICENSE NUMBER:	
	FDA REGISTRATION NUMBER:	
PHONE NUMBER: EXT.:	T BA REGIOTRATION NOMBER.	
PHONE NOWIDER.		
FAX NUMBER:		
MAILING ADDRESS/PHONE NUMBERS (If different from above)	TYPE OF APPLICATION:	
	Original	
	Resubmission	
PHONE NUMBER: EXT.:	Cupplemental	
FAX NUMBER:	Supplemental	
As a Medicated Feed Mill Licensee, you have certified that:		
 Animal feeds bearing or containing new animal drugs are manufactured an regulations published pursuant to section 512(i) of the Federal Food, Drug accordance with the index listing published under section 572(e)(2) of the 7. The methods used in, and the facilities and controls used for, manufacturing animal feeds are in conformity with current good manufacturing practice as and 21 CFR 225. Your manufacturing facility will establish and maintain all records required 512(m)(5)(A) and 504(a)(3)(A) of the Act, and will permit access to, or copy 	, and Cosmetic Act (the Act), or in Act. ng, processing, packaging, and holding such a described in section 501(a)(2)(B) of the Act by regulation or order issued under sections	
As a Medicated Feed Mill Licensee, you have committed to:		
 Possessing current approved or index listed Type B and/or Type C Medica Type C medicated feed to be manufactured prior to receiving the Type A Medica 		
 Renewing registration each year with the FDA as required by 21 CFR 207.20 and 21 CFR 207.21. 		
 Using only non-drug feed components recognized in the Official Publication of the Association of American Feed Control Officials (AAFCO) or sanctioned by FDA under 21 CFR 573, 582 and 584 as suitable for use in animal feeds. 		
Supplementing your license application promptly when changes in owners	hip or address occur.	
Complying with all other applicable provisions of the Act.		
All license applications are to be sent to the Division of Animal Feeds, CVM, FDA, 75	519 Standish Place, Rockville, Maryland 20855.	
I CERTIFY that all of the statements made in this application are true and complete to the best of my knowledge and ability. WARNING: A willfully false certification is a criminal offense. U.S. Code, Title 18, Sec. 1001.		
NAME OF RESPONSIBLE INDIVIDUAL FOR THIS MANUFACTURING SITE: TITLE	OF MOST RESPONSIBLE INDIVIDUAL:	
SIGNATURE OF RESPONSIBLE INDIVIDUAL: (application must be signed and dated)	DATE:	

FORM FDA 3448 (9/07)

PSC Graphics (301) 443-1090 EF

searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:	
partment of Health and Human Services od and Drug Administration ice of Chief Information Officer (HFA-710) 00 Fishers Lane ckville, MD 20857	An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.
Please DO NOT RETURN this application to this address.	