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U.S. DEPARTMENT OF AGRICULTURE
 FOOD SAFETY AND INSPECTION SERVICE
 OFFICE OF PROGRAM EVALUATION, ENFORCEMENT AND REVIEW

DISTRIBUTION: RETAIN ONE COPY FOR YOUR FILES, AND RETURN ONE COPY OF THIS REPORT TO:

USDA, FSIS, OPEER, EED
 14th & Independence Ave., SW
 Room 300, Congressional Quarterly Building
 Washington, D.C. 20250-3700

REGISTRATION OF MEAT AND POULTRY HANDLERS

NOTICE TO MEAT AND POULTRY HANDLERS

Unless you operate under Federal Inspection, you are required by law to register with the U.S. Department of Agriculture if you deal in meat or poultry products in or for commerce. (The term "commerce" means commerce between any State, any territory, or the District of Columbia, and any place outside thereof; or within any territory not organized with a legislative body, or the District of Columbia), or within a State or Territory that has been designated for 21 U.S.C. 643 and/or 21 U.S.C. 460 because such State or Territory does not operate a program of its own.

INSTRUCTIONS: Complete items 1 through 9 and send both copies to the address in the upper right corner. USDA will return one copy of the completed registration to the registrant in item 1.

1. NAME AND MAILING ADDRESS OF REGISTRANT *(Include Zip Code)*

2. FORM OF ORGANIZATION *(Check or specify)*

- | | |
|--|---|
| <input type="checkbox"/> INDIVIDUALLY OWNED | <input type="checkbox"/> PARTNERSHIP |
| <input type="checkbox"/> INCORPORATED | <input type="checkbox"/> COOPERATIVE ASSOCIATION |
| <input type="checkbox"/> LIMITED LIABILITY CORPORATION | <input type="checkbox"/> OTHER <i>(Specify)</i> _____ |

PHONE:

E-MAIL:

3. NATURE OF BUSINESS *(Check one)*

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> MEAT OR MEAT PRODUCTS | <input type="checkbox"/> POULTRY OR POULTRY PRODUCTS | <input type="checkbox"/> BOTH MEAT AND POULTRY PRODUCTS | <input type="checkbox"/> OTHER: _____ |
|--|--|---|---------------------------------------|

4. CHECK EACH TYPE OF BUSINESS YOU ARE ENGAGED IN

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> DOMESTIC BROKER | <input type="checkbox"/> IMPORT BROKER | <input type="checkbox"/> RENDERER | <input type="checkbox"/> ANIMAL FOOD MANUFACTURER |
| <input type="checkbox"/> PUBLIC WAREHOUSEMAN | <input type="checkbox"/> WHOLESALER | <input type="checkbox"/> OTHER: _____ | |
- Buying, selling, transporting, or importing any dead, dying, disabled, or diseased cattle, sheep, swine, goats, horses, mules, equines, poultry, or parts of the carcasses of any such animals or poultry that died otherwise than by slaughter. *(4D Operator)*

5. Address(es) of subsidiaries, branches, or divisions of your organization which engage in business of the type identified in Item 4. Include trade or other names if different from your organization's. *(If none, so state)*

PHONE:

E-MAIL:

HOURS OF OPERATION

CHANGES: If you make any changes in the names, including trade names, or addresses of the place or places where you do business, report such changes within 15 days to address in upper right corner.

CERTIFICATION BY FIRM

6. TYPED OR PRINTED NAME	7. TITLE	8. SIGNATURE	9. DATE
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NOTICE OF REGISTRATION BY USDA (COMPLETED BY USDA OFFICIAL)

a. REGISTRATION NO.	b. DATE OF REGISTRATION	c. TITLE OF USDA OFFICIAL	d. SIGNATURE OF USDA OFFICIAL
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INSTRUCTIONS FOR FSIS FORM 5020-1, REGISTRATION OF MEAT AND POULTRY HANDLERS

OFFICIAL OF THE "MEAT AND POULTRY HANDLING" FIRM REQUIRED TO REGISTER: COMPLETE BLOCKS 1-9 BEFORE SUBMITTING THE FORM TO FSIS.

- Block 1. Enter the entire name and mailing address of the registering firm, include the phone number and an E-mail address.
- Block 2. Check the box that describes the "Form of Organization" of the registering firm's organization.
- Block 3. Check the box that best describes the nature of the registrants business (*meat or meat products, poultry or poultry products, both meat and poultry products, or other*).
- Block 4. Check all the boxes that describe the "Type of Business" that the registrant is engaged in (*domestic broker, import broker, renderer, animal food manufacturer, warehouseman, wholesaler, or other*).
- Block 5. Enter the address or addresses of subsidiaries, branches, or divisions of the registrants organization that engage in business of the type checked in block 4. Include any that do business as names, trade names, or names that are different than the name entered in block 1. Include the phone number, an E-mail address, and the hours of operation for each subsidiary, branch, or division. Attach additional sheets if necessary.
- Block 6. Print or type the name of the registering official.
- Block 7. Print or type the title of the registering official.
- Block 8. Enter the signature of the registering official.
- Block 9. Enter the date when the registering official signs the form.

OPEER HEADQUARTERS PERSONNEL: FILL OUT BLOCKS A-D AFTER RECEIVING THE FORM FROM THE REGISTRANT

- Block a. Choose a unique registration number (*method to be determined*).
- Block b. Enter the date the form is signed by a FSIS official.
- Block c. Enter the title of the FSIS official signing the form.
- Block d. Enter the signature of the FSIS official registering the firm.