

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Food and Drug Administration
FOOD CANNING ESTABLISHMENT REGISTRATION

FOR FDA USE ONLY	
FCE No.	Date Received by FDA

TYPE OF SUBMISSION

- Initial Registration
- Relocation (*new registration required*) Enter Current FCE: (*If applicable*) _____
- Change of Registration Information Enter Current FCE: (*If applicable*) _____

Specify Type of Change: _____

FOOD PROCESSING PLANT LOCATION

Establishment Name _____

Number and Street _____

City and State or Province (or other Subdivision) _____

Zip (or other Postal Code) _____ Country (if other than U.S.) _____

Telephone No. _____ Telefax No. _____

PREFERRED MAILING ADDRESS

Same as Plant Location

Establishment Name _____

Number and Street _____

City and State or Province (or other Subdivision) _____

Zip (or other Postal Code) _____ Country (if other than U.S.) _____

Telephone No. _____ Telefax No. _____

LOW ACID AND/OR ACIDIFIED FOODS PROCESSED AT THIS LOCATION

Food Product Name, Form or Style, and Packing Medium
 Listing products produced at this location is not a process filing.

(Do not list meat and poultry foods under the jurisdiction of the Food Safety and Inspection Service of the U.S. Department of Agriculture.)

(Check One)

	Low-Acid	Acidified
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE THE FOLLOWING:

- The requester hereby presents and acknowledges that the company is aware that in making this request the company is subject to the terms and provisions of Title 18, Section 1001, United States Code which makes it a criminal offense to falsify, conceal, or cover up a material fact; make any false, fictitious, or fraudulent statement or representation; or make or use any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry.
- Subject to the terms of 21 CFR 108.25 (c)(1) and (2) and 108.35 (c)(1) and (2), no commercial processor shall engage in the processing of low-acid or acidified foods until the completed forms FDA 2541 and 2541a or 2541c have been filed with the FDA within the applicable time frames specified in these regulations.
- Forms, Instructions, regulations, and information can be secured online at <http://www.cfsan.fda.gov/~comm/lacf-toc>
- For more information contact the LACF Registration Coordinator by e-mail at lacf@fda.hhs.gov

**Food and Drug Administration
 LACF Registration Coordinator (HFS-303)
 Center for Food Safety & Applied Nutrition
 5100 Paint Branch Parkway
 College Park, Maryland 20740-3835**

FACILITY CONTACT PERSON

Name of Contact and Business Address: _____

Position Held at Plant Location: Owner Technologist Manger Director President/Vice President Phone Number: _____

FAX Number: _____ Email Address: _____ Signature: _____ Date: _____

Public reporting burden for this collection of information is estimated to average .17 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and 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: Department of Health and Human Services, Food and Drug Administration, Office of Chief Information Officer, 1350 Piccard Drive, Room 400, Rockville, MD 20850.

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.