



CAP MAIN MENU

Enter New Application

Form Approval: OMB No.0910-0498

Expiration date: **TBA***
See OMB Statement at end of form

Modify Application

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.

Search Application

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.

Print Application



Step 01

Step 02

Step 03

Step 04

Step 05

Step 06

[Get Help ?](#)[« Back](#)[» Save & Exit](#)[» Continue](#)[« Cancel & Start Again](#)

SECTION 1 FOOD MANUFACTURER INFORMATION

* - These fields are required

*MANUFACTURER NAME

DOING BUSINESS AS NAME

*STATE LICENSE/REGISTRATION NUMBER

*COUNTRY

*ADDRESS LINE1

ADDRESS LINE2

*ZIP/POSTAL CODE

*CITY

*STATE OR PROVINCE

*CONTACT PERSON NAME

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)

*CONTACT
PHONE

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

CONTACT FAX

CONTACT EMAIL

SECTION 2 EXPORTING COMPANY 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

***EXPORT COMPANY NAME

STATE LICENSE/REGISTRATION NUMBER

***COUNTRY

UNITED STATES

***ADDRESS LINE1

ADDRESS LINE2

***ZIP/POSTAL CODE

***CITY

Clearwater

***STATE OR PROVINCE

Florida

***CONTACT PERSON NAME

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)

***CONTACT
PHONE

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

CONTACT FAX

***CONTACT EMAIL

<< Back

>> Save & Exit

>> Continue

<< Cancel & Start Again



Step 01

Step 02

Step 03

Step 04

Step 05

Step 06



Get Help

[« Back to Step 01](#)

[» Save & Exit](#)

[» Continue](#)

[« Cancel & Start Again](#)

SECTION 3 SHIPMENT DESCRIPTION

Select	Product	Common Name	Manufacturer	Description/Comments
	Cichlid fish	Tilapia	Test Foods, Inc	10 Cases @ 100 lbs
	Siluriformes	Catfish	Test Foods, Inc	5 Cases @ 100 lbs
	Mackerel	Scombridae	Test Foods, Inc	10 Cases @ 100 lbs

[Add Product](#)

[Edit Product](#)

[Remove Product](#)

[Upload File](#)

[« Back to Step 01](#)

[» Save & Exit](#)

[» Continue](#)

[« Cancel & Start Again](#)



Step 01

Step 02

Step 03

Step 04

Step 05

Step 06



Get Help

<< Back to Step 02

>> Save & Exit

>> Continue

<< Cancel & Start Again

SECTION 4 INTENDED DESTINATION OF SHIPMENT (COUNTRY)

*NAME OF COUNTRY or COUNTRIES

AFGHANISTAN
ALAND ISLANDS
ALBANIA
ALGERIA
AMERICAN SAMOA
ANDORRA

SECTION 5 SEND CERTIFICATE TO

*SEND CERTIFICATE TO

MANUFACTURER DISTRIBUTOR OTHER (provide the below information)

*FIRM NAME

COUNTRY

Please Select Country

*ADDRESS LINE1

ADDRESS LINE2

*ZIP/POSTAL CODE

*CITY

--Please Select--

*STATE

--Please Select--

*CONTACT PERSON NAME

◀◀ Back to Step 02

▶▶ Save & Exit

▶▶ Continue

◀◀ Cancel & Start Again



Step 01

Step 02

Step 03

Step 04

Step 05

Step 06



Get Help

[« Back to Step 03](#)

[» Save & Exit](#)

[» Continue](#)

[« Cancel & Start Again](#)

SECTION 6 SEND CERTIFICATE VIA

*CARRIER NAME (U.S. Mail, FedEx, etc.)

US Mail

ACCOUNT NUMBER (If applicable)

SECTION 7 FEES

Fees are \$10 per certificate, and will be billed upon receipt of this application.

Copies of Certificate : (Number of copies)

Total : \$

[« Back to Step 03](#)

[» Save & Exit](#)

[» Continue](#)

[« Cancel & Start Again](#)



Step 01

Step 02

Step 03

Step 04

Step 05

Step 06

[Get Help ?](#)[« Back to Step 04](#)[» Save & Exit](#)[» Continue](#)[« Cancel & Start Again](#)

SECTION 8 LABELS

(Attach an electronic copy of any applicable product label(s). A fax copy is accepted only if it is readable.)

(Maximum allowed file size is 10 MB.)

If the file size is more than 10 MB, Please send the hardcopy file via mail.

Accepted File Types: jpg,doc,docx,txt,xls,xlsx,pdf,gif and rtf)

SELECT THE FILE TO UPLOAD:

no file selected

[» Upload](#)

SECTION 9 VERIFICATION

The undersigned verifies that all ingredients are approved for use by FDA or appear on the GRAS list, and each product is intended for human consumption and is available for sale in the U.S. without restriction.

*NAME:

*TITLE:

I Agree.

[« Back to Step 04](#)[» Save & Exit](#)[» Continue](#)[« Cancel & Start Again](#)



Step 01

Step 02

Step 03

Step 04

Step 05

Step 06



Get Help

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

Date:02/08/2012 16:48:40

Created Date:

Application Status:

Certificate Type: Seafood

SECTION 1 FOOD MANUFACTURER INFORMATION

MANUFACTURER NAME: Test Foods,Inc.

DOING BUSINESS AS NAME: Test Foods,Inc.

STATE LICENSE/REGISTRATION NUMBER: 19422594594

ADDRESS Line1: 35456 Telegraph RD

ADDRESS Line2:

CITY: Rockville

STATE/TERRITORY: Maryland

ZIP CODE: 20852

COUNTRY: UNITED STATES

TELEPHONE NUMBER: 1 301 7709610

FAX NUMBER:

CONTACT PERSON NAME: John Smith

EMAIL ADDRESS: jsmith@testfoods.com

SECTION 2 EXPORTING COMPANY INFORMATION

EDIT

EXPORT COMPANY NAME: Test Marine Enterprise

STATE LICENSE/FDA REGISTRATION NUMBER: 070085236

ADDRESS Line1: 1101 South Fort Harrison Avenue

ADDRESS Line2:

CITY: Clearwater

STATE/TERRITORY: Florida

ZIP CODE: 33756

COUNTRY: United States

TELEPHONE NUMBER: 001 727 4434900

FAX NUMBER:

CONTACT PERSON NAME: Dennis Hall

EMAIL ADDRESS: dhall@testmarine.com

SECTION 3 SHIPMENT DESCRIPTION

EDIT

Product	Common Name	Manufacturer	Description/Comments
Cichlid fish	Tilapia	Test Foods, Inc	10 Cases @ 100 lbs
Siluriformes	Catfish	Test Foods, Inc	5 Cases @ 100 lbs
Mackerel	Scombridae	Test Foods, Inc	10 Cases @ 100 lbs

SECTION 4 INTENDED DESTINATION OF SHIPMENT (COUNTRY)

EDIT

NAME OF COUNTRY or COUNTRIES: UNITED STATES

SECTION 5 SEND CERTIFICATE TO

EDIT

SEND CERTIFICATE TO

Manufacturer Exporting Company Other

SECTION 6 SEND CERTIFICATE VIA

EDIT

CARRIER NAME (U.S. Mail, FedEx, etc.): US Mail

ACCOUNT NUMBER (If applicable):

SECTION 7 FEES

EDIT

Copies of certificate: 5

Total fee for 5 certificate: 50

SECTION 8 LABELS

EDIT

LABEL(S):

SECTION 9 VERIFICATION

EDIT

The undersigned verifies that all ingredients are approved for use by FDA or appear on the GRAS list, and each product is intended for human consumption and is available for sale in the U.S. without restriction.

Name: Dennis Hall

Title: Export Chief

Date: 02/08/2012 16:48:40

I Agree.

Not For Public Disclosure


« Back to Main

« Cancel & Start Again

» Print Application

» Submit



[Get Help](#) 

..... **ENTER APPLICATION SUCCESSFUL!**

Your Application Number is 1513.

Please keep the Application number for your records. The Application number is required for all communications with FDA regarding this application. Please refer to the help section for more details.



[<< Back to Main](#)

[>> View Complete Application](#)