

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

**APPLICATION FOR
APPROVAL OF LABELS,
MARKING OR DEVICE**

FSIS has determined that information provided in items 11, 15, and 16 is exempt from mandatory disclosure under the Freedom of Information Act 5 U.S.C. 552(b)(4).

APPLICANT: See Page 5 for instructions.

1. AGENT NAME, ADDRESS, TELEPHONE NO. (If using an Agent, complete this block, otherwise leave blank.)

2. FOR USDA USE ONLY

3. FOR USDA USE ONLY

4. ESTABLISHMENT NO. / FOREIGN COUNTRY (If applicable)

4a. TYPE OF PRODUCT

- Egg Meat
 Poultry Other

5a. NAME OF PRODUCT

5b. HACCP PROCESS CATEGORY (Select one)

- 03J: Slaughter - all species
 03B: Raw Product - ground
 03C: Raw Product - not ground
 03D: Thermally processed - commercially sterile
 03E: Not heat treated - shelf stable
 03F: Heat treated - shelf stable
 03G: Fully cooked - not shelf stable
 03H: Heat treated but not fully cooked - not shelf stable
 03I: Product with secondary inhibitors - not shelf stable

6a. TYPE OF APPROVAL REQUESTED

- SKETCH TEMPORARY
 EXTENSION OF TEMPORARY

7a. AREA OF PRINCIPAL DISPLAY PANEL (Square Inches)

6b. WAS THE LABEL PREVIOUSLY APPROVED?

- YES ➔ Date of approval: _____
Prior approval number: _____
 NO Number of labels on hand: _____
Number of days requested: _____

7b. TOTAL AVAILABLE LABELING SPACE FOR ENTIRE PACKAGE (Square inches):

8. Does this label include a "USDA-AMS Child Nutrition Program CN-Logo?" Yes No

9. (FOR USDA-AMS USE ONLY) CN Identification Number Assigned

10. Are there any special claims, guarantees, or foreign language on the label? YES NO (If yes, check all that apply)

- Allergen Statements
 Animal Production/Breed/Raising
 Certified/Verified
 Environmental/Green
 Export Only Labels w/deviations from Domestic Requirements
 Foreign Language
 Geographic/Undefined Style
- Grading Terms
 Guarantees
 Natural/Organic
 Nutrition/Health
 Religious Exemption
- Other Claims: Specify _____

11. NAME AND ADDRESS OF FIRM (Below and between dots)

12. SIGNATURE OF APPLICANT OR AGENT

13. DATE

14. (FOR USDA USE ONLY) CONDITIONS APPLYING TO USE OF LABELS OR DEVICE

15. PRODUCT FORMULA

PCT WEIGHT
(No Fractions)

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See Continuation Sheet

TOTAL (Percent must total 100%)

16. PROCESSING PROCEDURES *(Approval of the sketch does not convey approval of the processing procedures)*

See Continuation Sheet

**CONTINUATION SHEET FOR APPLICATION FOR APPROVAL OF LABELS,
MARKING OR DEVICE (FSIS 7234-1)**

PRODUCT NAME:

This sheet is being used for additional information required in Block(s):

INSTRUCTIONS FOR PREPARATION OF FSIS FORM 7234-1

Note: The following instructions should be typed unless otherwise noted.

- A. PREPARATION OF APPLICATION**
Application must be typed or it will be returned without evaluation.
Submit two copies for each label application.
- B. TYPE OF APPROVAL REQUESTED**
Sketch: Self explanatory. (See 9 CFR 317.4 & 381.132)
Temporary and Extension of Temporary. Actual label or color litho take off to be used.
- C. FOREIGN LANGUAGE**
Labels printed in foreign languages must be accompanied by English language translation.
- D. ASSEMBLY OF APPLICATION**
Application Form, Product Formula, Processing Procedures, Continuation Sheet if applicable, Label, and any Supporting Documentation Staple with one or as few staples as possible. (*Do not use paper clips*).
- E. MAIL COMPLETED APPLICATION TO:**
USDA, FSIS, OPPD, LPDD
Labeling Distribution Unit
Stop Code 3786, Patriots Plaza III, 8-168
1400 Independence Avenue, SW
Washington, DC 20250-3700

- 7b. Total available labeling space in square inches for entire package.
8. USDA-AMS Child Nutrition Program Logo. Indicate if the product includes a USDA-AMS Child Nutrition Program Logo.
9. Leave Blank. For USDA-AMS use only.
10. Special claims, guarantees, or foreign language. Indicate if there are any special claims, guarantees, or foreign language on the label. Check all that apply. If Other Claims is selected, indicate specific claim(s) in space provided.
11. Name and Address of Firm. Insert Firm's name and mailing address. Use 2 letter symbol for State. Show postal zip code.
- 12 & 13. Signature and Date of Applicant or Agent. To be signed and dated by the applicant or agent representing the official establishment or plant.
14. Leave blank for USDA use only. Conditions Applying to Use of Label or Device. (*Any condition, modification or remarks applied to the application when approved are conditions governing use of the approved devices.*)
15. Product Formula. List the ingredients by percent or weight in order of their predominance. If product consists of several components, e.g., a frozen dinner, list each component separately and indicate the percentage or amount of each component in the product. If additional space is needed, check the box for "Continuation Sheet," and use the Continuation Sheet. Be sure to include the product name and number of the block item. Express all ingredients in the same units, i.e., do not list some in pounds and others in ounces.

Check whether weight or percent is used. It is preferred that percentages be used, and the total must equal 100 percent. If weights are used, show in pounds, kilograms or grams. (No gallons, pints, cups, teaspoons, etc.) The total must equal the weights of the individual units. (Example: Crust + Cheese + Sauce + Meat = Total new weight of unit.)

DO NOT use fractions. Express as decimals carried to two places, Example: 1-1/4 lbs., show as 1.25 lbs. Example: 3/4 lbs., show as .75 lbs.

16. Processing Procedures. Poultry Products provide complete processing procedures as required in 9 CFR 381.134. Meat Products, provide complete processing procedures as required. Note: Approval of the sketch does not convey approval of the processing procedures. If additional space is needed, check the box for "Continuation Sheet," and use the Continuation Sheet. Be sure to include the product name and number of the block item.

- The following instructions relate to numbered items on form.*
1. If using an Agent, provide the company name, address, and telephone number, otherwise leave blank.
- 2 & 3. Leave blank, for USDA use only.
4. Establishment No./Foreign Country (if applicable) - Self Explanatory.
- 4a. Type of Product. Select one product type: Egg, Meat, Poultry, or Other (i.e. Exotic Species, Non-Amenable, Voluntary, etc.)
- 5a. Name of Product. Use common or descriptive product name, i.e., "Frankfurter , Cereal Added" or "Meat Patties in Gravy. (*Do not use trade brand names or coined names, such as "Joe's Corn Dogs" or "Joe's Sloppy Joes."*) If coined names such as "Corn Dogs" are used, also show true product name, such as "Batter Wrapped Wiener."
- 5b. Provide HACCP process category for the product. See 9 CFR 417.2(b) (1), Example, Heat Treated - shelf stable, Not heat treated-shelf stable etc. Select one.
- 6a & b. Type of Approval Requested. If temporary approval or extension, insert number of days requested and number of labels on hand. If previous approval, attach copy of application and label. Include specific reason(s) why requesting a temporary or extension and include information required in 9 CFR 317.4(f) (1) or 381.132(f) (1) on the continuation sheet. Be sure to include product name and block item.
- 7a. Area of Principal Display Panel (PDP). The PDP is the entire side of the package to which the label is affixed. See 9 CFR 317.2 (d) and 381.116 (b).