

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

DHHS/FDA FOOD FACILITY REGISTRATION
(If entering by hand, use blue or black ink only.)

FDA USE ONLY

Date (mm/dd/yyyy)

Section 1 – TYPE OF REGISTRATION

| | | |
|--|---|---|
| 1a. | <input type="checkbox"/> DOMESTIC REGISTRATION | <input type="checkbox"/> FOREIGN REGISTRATION |
| 1b. | <input type="checkbox"/> INITIAL REGISTRATION | <input type="checkbox"/> UPDATE OF REGISTRATION INFORMATION |
| 1c. | <input type="checkbox"/> BIENNIAL REGISTRATION RENEWAL | |
| | If update or biennial registration renewal, provide the Facility Registration Number and PIN | Facility Registration Number PIN |
| For update of registration information: Check all that apply and further identify changes in the applicable sections | | <input type="checkbox"/> United States Agent Change - Foreign facilities only |
| <input type="checkbox"/> | Facility Name Change | <input type="checkbox"/> Seasonal Facility Dates of Operation Change |
| <input type="checkbox"/> | Facility Address Change (See instructions) | <input type="checkbox"/> Type of Activity Change |
| <input type="checkbox"/> | Preferred Mailing Address Change | <input type="checkbox"/> Type of Storage Change |
| <input type="checkbox"/> | Parent Company Change | <input type="checkbox"/> Human Food Product Category Change |
| <input type="checkbox"/> | Emergency Contact Change | <input type="checkbox"/> Animal Food Product Category Change |
| <input type="checkbox"/> | Trade Name Change | <input type="checkbox"/> Operator or Agent in Charge Change |
| 1d. | ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide the following information, if known. | |
| Previous owner's name | | Previous owner's registration number |

Section 2 – FACILITY NAME/ADDRESS INFORMATION

Facility Name

Facility Street Address, Line 1

Facility Street Address, Line 2

| | |
|--|---|
| City | State (If applicable; if not, skip to Province/Territory) |
| Province/Territory (If applicable) | ZIP or Postal Code |
| Country | Phone Number (Include Area/Country Code) |
| FAX Number (Optional; Include Area/Country Code) | E-Mail Address |

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Section 3 – PREFERRED MAILING ADDRESS INFORMATION

- Complete this section only if different from Section 2 Facility Name/Address Information (**OPTIONAL**)

Name

Street Address, Line 1

Street Address, Line 2

| | |
|--|---|
| City | State (If applicable; if not, skip to Province/Territory) |
| Province/Territory (If applicable) | ZIP or Postal Code |
| Country | Phone Number (Include Area/Country Code) |
| FAX Number (Optional; Include Area/Country Code) | E-Mail Address (Optional) |

Section 4 – PARENT COMPANY NAME/ADDRESS INFORMATION

(If applicable and if different from Sections 2 and 3)

If information is the same as another section, check which section: Section 2 Section 3

Name of Parent Company

Street Address

| | |
|--|---|
| City | State (If applicable; if not, skip to Province/Territory) |
| Province/Territory (If applicable) | ZIP or Postal Code |
| Country | Phone Number (Include Area/Country Code) |
| FAX Number (Optional; Include Area/Country Code) | E-Mail Address (Optional) |

Section 5 – FACILITY EMERGENCY CONTACT INFORMATION

Optional for foreign facilities; FDA will use your U.S. agent as your emergency contact unless you choose to designate a different contact here.

Individual Name (Optional)

Title (Optional)

| | |
|---------------------------|--|
| E-Mail Address (Optional) | Emergency Contact Phone Number (Include Area/Country Code) |
|---------------------------|--|

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Section 6 – TRADE NAMES - If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as").

Alternative Trade Name #1

Alternative Trade Name #2

Alternative Trade Name #3

Alternative Trade Name #4

Section 7 – UNITED STATES AGENT - To be completed by facilities located outside any State or Territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico

Name of U.S. Agent

Title (Optional)

Address, Line 1

Address, Line 2

| | | |
|---|-------|--|
| City | State | ZIP Code |
| U.S. Agent Phone Number (Include Area Code) | | Emergency Contact Phone Number (Include Area Code) |
| FAX Number (Optional; Include Area Code) | | E-Mail Address |

Section 8 – SEASONAL FACILITY DATES OF OPERATION (OPTIONAL)

Optional - Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis.

Dates of Operation (Optional; mm/dd/yyyy)

Section 9 – TYPE OF STORAGE (for facilities that are primarily holders) (OPTIONAL)

Ambient Storage (neither frozen nor refrigerated)

Refrigerated Storage

Frozen Storage

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**Section 10a – GENERAL PRODUCT CATEGORIES - FOOD FOR HUMAN CONSUMPTION; and
TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (OPTIONAL)**

| To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 39. | | TYPE OF ACTIVITY CONDUCTED AT THE FACILITY Optional - Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food. | | | | | | | | | |
|--|---|--|---|---|--|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|---|
| | | Warehouse/ Holding Facility <i>(e.g., storage facilities, including storage tanks, grain elevators)</i> | Acidified/ Low Acid Food Processor | Interstate Conveyance Caterer/ Catering Point | Molluscan Shellfish Establish- ment | Com- mis- sary | Contract Sterilizer | Labeler/ Relabeler | Manufacturer/ Processor | Repacker/ Packer | Salvage Operator <i>(Recondi- tioner)</i> |
| <input type="checkbox"/> | 1. ACIDIFIED FOODS (AF) [21 CFR 114.3(b)] | <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"/> | 2. ALCOHOLIC BEVERAGES [21 CFR 170.3 (n) (2)] | <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"/> | 3. BABY (INFANT AND JUNIOR) FOOD PRODUCTS Including Infant Formula | <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"/> | 4. BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS [21 CFR 170.3 (n) (1), (9)] | <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"/> | 5. BEVERAGE BASES [21 CFR 170.3 (n) (3), (35)] | <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"/> | 6. CANDY WITHOUT CHOCOLATE, CANDY SPECIALTIES AND CHEWING GUM [21 CFR 170.3 (n) (6), (9), (25), (38)] | <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"/> | 7. CEREAL PREPARATIONS, BREAKFAST FOODS, QUICK COOKING/INSTANT CEREALS [21 CFR 170.3 (n) (4)] | <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"/> | 8. CHEESE AND CHEESE PRODUCT CATEGORIES [21 CFR 170.3 (n) (5)] | <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"/> | a. Soft, Ripened Cheese | <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"/> | b. Semi-Soft Cheese | <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"/> | c. Hard Cheese | <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"/> | d. Other Cheeses and Cheese Products | <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"/> | 9. CHOCOLATE AND COCOA PRODUCTS [21 CFR 170.3 (n) (3), (9), (38), (43)] | <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"/> | 10. COFFEE AND TEA [21 CFR 170.3 (n) (3), (7)] | <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"/> | 11. COLOR ADDITIVES FOR FOODS [21 CFR 170.3 (o) (4)] | <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"/> | 12. DIETARY CONVENTIONAL FOODS OR MEAL REPLACEMENTS (Includes Medical Foods) [21 CFR 170.3 (n) (31)] | <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"/> | 13. DIETARY SUPPLEMENT CATEGORIES | <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"/> | a. Proteins, Amino Acids, Fats and Lipid Substances [21 CFR 170.3 (o) (20)] | <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"/> | b. Vitamins and Minerals | <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"/> | c. Animal By-Products and Extracts | <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"/> | d. Herbals and Botanicals | <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"/> | 14. DRESSING AND CONDIMENTS [21 CFR 170.3 (n) (8), (12)] | <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"/> |

DHHS/FDA FOOD FACILITY REGISTRATION

**Section 10a – TYPE OF ACTIVITY CONDUCTED AT THE FACILITY and
GENERAL PRODUCT CATEGORIES - FOOD FOR HUMAN CONSUMPTION (cont.)**

| To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 39. | | TYPE OF ACTIVITY CONDUCTED AT THE FACILITY Optional - Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food. | | | | | | | | | |
|---|--|--|---|---|--|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|---|
| | | Warehouse/ Holding Facility (e.g., storage facilities, including storage tanks, grain elevators) | Acidified/ Low Acid Food Processor | Interstate Conveyance Caterer/ Catering Point | Molluscan Shellfish Establish- ment | Com- mis- sary | Contract Sterilizer | Labeler/ Relabeler | Manufacturer/ Processor | Repacker/ Packer | Salvage Operator (Recondi- tioner) |
| <input type="checkbox"/> | 15. FISHERY/SEAFOOD PRODUCT CATEGORIES [21 CFR 170.3 (n) (13), (15), (39), (40)] | <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"/> | a. Fin Fish, Whole or Filet | <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"/> | b. Shellfish | <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"/> | c. Ready to Eat (RTE) Fishery Products | <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"/> | d. Processed and Other Fishery Products | <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"/> | 16. FOOD ADDITIVES, GENERALLY RECOGNIZED AS SAFE (GRAS) INGREDIENTS, OR OTHER INGREDIENTS USED FOR PROCESSING [21 CFR 170.3 (n) (42); 21 CFR 170.3 (o) (1), (2), (3), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (22), (23), (24), (25), (26), (27), (28), (29), (30), (31), (32)] | <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"/> | 17. FOOD SWEETENERS (NUTRITIVE) [21 CFR 170.3 (n) (9) (41), 21 CFR 170.3 (o) (21)] | <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"/> | 18. FRUIT AND FRUIT PRODUCTS [21 CFR 170.3 (n) (16), (27), (28), (35), (43)] | <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"/> | a. Fresh Cut Produce | <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"/> | b. Raw Agricultural Commodities | <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"/> | c. Other Fruit and Fruit Products | <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"/> | 19. FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS [21 CFR 170.3 (n) (3), (16), (35)] | <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"/> | 20. GELATIN, RENNET, PUDDING MIXES, OR PIE FILLINGS [21 CFR 170.3 (n) (22)] | <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"/> | 21. ICE CREAM AND RELATED PRODUCTS [21 CFR 170.3 (n) (20), (21)] | <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"/> | 22. IMITATION MILK PRODUCTS [21 CFR 170.3 (n) (10)] | <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"/> | 23. LOW ACID CANNED FOOD (LACF) PRODUCTS [21 CFR 113.3(n)] | <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"/> | 24. MACARONI OR NOODLE PRODUCTS [21 CFR 170.3 (n) (23)] | <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"/> | 25. MEAT, MEAT PRODUCTS AND POULTRY (FDA REGULATED) [21 CFR 170.3 (n) (17), (18), (29), (34), (39), (40)] | <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"/> | 26. MILK, BUTTER, OR DRIED MILK PRODUCTS [21 CFR 170.3 (n) (12), (30), (31)] | <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"/> |

DHHS/FDA FOOD FACILITY REGISTRATION

**Section 10a – TYPE OF ACTIVITY CONDUCTED AT THE FACILITY
and GENERAL PRODUCT CATEGORIES - FOOD FOR HUMAN CONSUMPTION (cont.)**

| To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 39. | | TYPE OF ACTIVITY CONDUCTED AT THE FACILITY Optional - Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food. | | | | | | | | | |
|--|---|--|---|---|--|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|---|
| | | Warehouse/ Holding Facility (e.g., storage facilities, including storage tanks, grain elevators) | Acidified/ Low Acid Food Processor | Interstate Conveyance Caterer/ Catering Point | Molluscan Shellfish Establish- ment | Com- mis- sary | Contract Sterilizer | Labeler/ Relabeler | Manufacturer/ Processor | Repacker/ Packer | Salvage Operator (Recondi- tioner) |
| <input type="checkbox"/> | 27. MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES [21 CFR 170.3 (n) (11) (14), (17), (18), (23), (24), (29), (34), (40)] | <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"/> | 28. NUTS AND EDIBLE SEED PRODUCT CATEGORIES [21 CFR 170.3 (n) (26), (32)] | <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"/> | a. Nut and Nut Products | <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"/> | b. Edible Seed and Edible Seed Products | <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"/> | 29. PREPARED SALAD PRODUCTS [21 CFR 170.3 (n) (11), (17), (18), (22), (29), (34), (35)] | <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"/> | 30. SHELL EGG AND EGG PRODUCT CATEGORIES [21 CFR 170.3 (n) (11), (14)] | <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"/> | a. Chicken Egg and Egg Products | <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"/> | b. Other Eggs and Egg Products | <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"/> | 31. SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) [21 CFR 170.3 (n) (37)] | <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"/> | 32. SPICES, FLAVORS, AND SALTS [21 CFR 170.3 (n) (26)] | <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"/> | 33. SOUPS [21 CFR 170.3 (n) (39), (40)] | <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"/> | 34. SOFT DRINKS AND WATERS [21 CFR 170.3 (n) (3), (35)] | <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"/> | 35. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)] | <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"/> | a. Fresh Cut Products | <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"/> | b. Raw Agricultural Commodities | <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"/> | c. Other Vegetable and Vegetable Products | <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"/> | 36. VEGETABLE OILS (INCLUDES OLIVE OIL) [21 CFR 170.3 (n) (12)] | <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"/> | 37. VEGETABLE PROTEIN PRODUCTS (SIMULATED MEATS) [21 CFR 170.3 (n) (33)] | <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"/> | 38. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH [21 CFR 170.3 (n) (1), (23)] | <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"/> | 39. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE). | <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"/> |

DHHS/FDA FOOD FACILITY REGISTRATION

**Section 10b – GENERAL PRODUCT CATEGORIES - FOOD FOR ANIMAL CONSUMPTION; and
TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (OPTIONAL)**

| To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 28. | | TYPE OF ACTIVITY CONDUCTED AT THE FACILITY Optional - Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food. | | | | | | | |
|---|---|--|---|-----------------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|
| | | Animal Food Manufacturer/ Processor | Warehouse/Holding Facility (e.g., storage facilities, including storage tanks, grain elevators) | Acidified/Low Acid Food Processor | Contract Sterilizer | Packer/ Repacker | Labeler/ Relabeler | Salvage Operator (Reconditioner) | Other Activity Conducted |
| <input type="checkbox"/> | 1. GRAIN OR GRAIN PRODUCTS (I.E., BARLEY, GRAIN SORGHUMS, MAIZE, OAT, RICE, RYE, WHEAT, OTHER GRAINS OR GRAIN PRODUCTS) | <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"/> | 2. OILSEED OR OILSEED PRODUCTS (I.E., COTTONSEED, SOYBEANS, OTHER OILSEEDS OR OILSEED PRODUCTS) | <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"/> | 3. ALFALFA PRODUCTS OR LESPEDEZA PRODUCTS | <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"/> | 4. AMINO ACIDS OR RELATED PRODUCTS | <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"/> | 5. ANIMAL-DERIVED PRODUCTS | <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"/> | 6. BREWER PRODUCTS | <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"/> | 7. CHEMICAL PRESERVATIVES | <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"/> | 8. CITRUS PRODUCTS | <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"/> | 9. DISTILLERY PRODUCTS | <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"/> | 10. ENZYMES | <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"/> | 11. FATS OR OILS | <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"/> | 12. FERMENTATION PRODUCTS | <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"/> | 13. MARINE PRODUCTS | <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"/> | 14. MILK PRODUCTS | <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"/> | 15. MINERALS OR MINERAL PRODUCTS | <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"/> | 16. MISCELLANEOUS OR SPECIAL PURPOSE PRODUCTS | <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"/> | 17. MOLASSES OR MOLASSES PRODUCTS | <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"/> | 18. NON-PROTEIN NITROGEN PRODUCTS | <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"/> | 19. PEANUT PRODUCTS | <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"/> | 20. RECYCLED ANIMAL WASTE PRODUCTS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DHHS/FDA FOOD FACILITY REGISTRATION

**Section 10b – TYPE OF ACTIVITY CONDUCTED AT THE FACILITY and
GENERAL PRODUCT CATEGORIES - FOOD FOR ANIMAL CONSUMPTION (cont.)**

| To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 28. | | TYPE OF ACTIVITY CONDUCTED AT THE FACILITY Optional - Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food. | | | | | | | |
|---|---|--|---|-----------------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|
| | | Animal Food Manufacturer/Processor | Warehouse/Holding Facility (e.g., storage facilities, including storage tanks, grain elevators) | Acidified/Low Acid Food Processor | Contract Sterilizer | Packer/Repacker | Labeler/Relabeler | Salvage Operator (Reconditioner) | Other Activity Conducted |
| <input type="checkbox"/> | 21. SCREENINGS | <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"/> | 22. VITAMINS OR VITAMIN PRODUCTS | <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"/> | 23. YEAST PRODUCTS | <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"/> | 24. MIXED FEED (E.G., POULTRY, LIVESTOCK, EQUINE) | <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"/> | 25. PET FOOD | <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"/> | 26. PET TREATS OR PET CHEWS | <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"/> | 27. PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS) | <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"/> | 28. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 11 – OWNER, OPERATOR, OR AGENT-IN-CHARGE INFORMATION

Name of Entity or Individual Who Is the Owner, Operator, or Agent-in-Charge

Provide the following information, if different from all other sections on the form. If the information is the same as another section of the form, check which section.

Section 2
 Section 3
 Section 4
 Section 7

Street Address, Line 1

Street Address, Line 2

| | |
|--|---|
| City | State (If applicable; if not, skip to Province/Territory) |
| Province/Territory (If applicable) | ZIP or Postal Code |
| Country | Phone Number (Include Area/Country Code) |
| FAX Number (Optional; Include Area/Country Code) | E-Mail Address (Optional) |

DHHS/FDA FOOD FACILITY REGISTRATION

Section 12 – INSPECTION STATEMENT

FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 13 – CERTIFICATION STATEMENT

The owner, operator, or agent in charge of the facility, or an individual authorized by the owner, operator, or agent in charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent in charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator, or agent in charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent in charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C. 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

Signature of Submitter

Printed Name of Submitter

Check One Box

- A. OWNER, OPERATOR OR AGENT IN CHARGE (*STOP HERE, FORM IS COMPLETED*)
- B. INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION (*FILL IN BELOW*)

If you checked Box B above, indicate who authorized you to submit the registration.

OWNER, OPERATOR OR AGENT IN CHARGE (*STOP HERE, FORM IS COMPLETED*)

_____ NAME OF INDIVIDUAL WHO AUTHORIZED REGISTRATION ON BEHALF OF OWNER, OPERATOR, OR AGENT IN CHARGE (*FILL IN ADDRESS BELOW*)

Address Information for the Authorizing Individual

Authorizing Individual Street Address, Line 1

Authorizing Individual Street Address, Line 2

| | |
|---|--|
| City | State (<i>If applicable; if not, skip to Province/Territory</i>) |
| Province/Territory (<i>If applicable</i>) | ZIP or Postal Code |
| Country | Phone Number (<i>Include Area/Country Code</i>) |
| FAX Number (<i>Optional; Include Area/Country Code</i>) | E-Mail Address (<i>Optional</i>) |

MAIL COMPLETED FORM FDA 3537 TO U.S. FOOD AND DRUG ADMINISTRATION, HFS-681, 5100 PAINT BRANCH PARKWAY, COLLEGE PARK, MD 20993, OR FAX IT TO 301-436-2804

FDA USE ONLY

Date Registration Form Received

Date Notification Sent to Facility

OMB Paperwork Reduction Act Statement

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF ADDRESS.

The burden for this collection of information is estimated to average between 1 and 12 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the following address:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
Paperwork Reduction Act (PRA) Staff
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 number.”