



U.S. Food and Drug Administration

Protecting and Promoting Your Health

FDA Industry Systems

[SYSTEM STATUS](#)

[HELP DESK](#)

LOGIN

Existing account holders, enter your account ID & password
Account ID:

Under 18 U.S.C. 1001, anyone who makes a knowingly false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

Understand

[Forgot your password?](#)

NEW USER

[➤ Create New Account](#)

[➤ See Instructions](#)

[➤ See Tutorials](#)

[➤ Help Desk](#)

GETTING STARTED

To make submissions to FDA (e.g., Food Facility Registration, Prior Notice, etc.) you must first create an account. Select "Create New Account" below.

If you already have an account, enter your account ID and password.

WARNING: You are accessing a U.S. Government information system. The system usage may be monitored, recorded, and subject to audit. Unauthorized use of the system is prohibited and subject to criminal and civil penalties. Use of the system indicates consent to monitoring and recording, and anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

Is your computer secure? Before using FDA Industry Systems (FIS), FDA strongly encourages all users to have current antivirus and antispyware software installed on your computer to help ensure the privacy of the information being entered.

FDA retains contractors to assist the agency in maintaining its databases. If you get a call from someone asking about your facility and you are concerned about whether the call is legitimate, get the name and company of the caller, as well as a phone number, and contact FDA TURLS Helpdesk at 1-800-216-7331 to confirm that the caller is acting on behalf of FDA.



Account Management

Account Management
Edit Account Profile
Change My Password
Update System Access
Create a Subaccount
Deactivate a Subaccount
Reactivate a Subaccount

WELCOME You are logged in as gho288888

Welcome to the FDA Industry Systems.

You are logged in to your account for company: GHO288888

You may choose an option on the left to manage your account or select an FDA system below. To obtain access to available FDA systems, choose the Update System Access option to add the FDA system to your account.

FDA UNIFIED REGISTRATION LISTING SYSTEMS

- [Food Facility Registration](#)
- [Device Registration & Listing](#)
- [Shell Egg Registration](#)
- [Agriculture and Canned Foods](#)
- [Certificate Application Process](#)
- [CDRH Export Certificates Application & Tracking System](#)
- OTHER FDA SYSTEMS**
- [Prior Notice of Imported Food](#)

3. Wed Sep 26 10:48:50 EDT 2012



FFRM MAIN MENU

- Biennial Registration Renewal
- Register a Food Facility
- Update Facility Registration
- Cancel Registration
- Search Facility Registrations
- Link Registration to your Account
- Manage Registrations Among Accounts
- Confirm Notification Receipt

Form Approval: OMB No.0910-0502

Expiration date: 08/31/2013

See OMB Statement at end of form

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.

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.

SEARCH FACILITY REGISTRATIONS

You can search registrations by Facility information or by US Agent information. Please select one of the following options to continue:

- Search Registration by facility information
- Search Registration by US agent information

[← Back to Main](#)

[➔ Continue](#)

SEARCH FACILITY REGISTRATIONS

You can search registrations by Facility information or by US Agent information. Please select one of the following options to continue:

- Search Registration by facility information
- Search Registration by US agent information

Please select one of the following options to specify facility location for your search:

- Domestic
- Foreign
- Both

[◀ Back to Main](#)

[▶ Continue](#)

SEARCH FACILITY REGISTRATIONS

SEARCH BY US AGENT INFORMATION

* - These are required fields.

FIRST NAME:

MIDDLE NAME:

LAST NAME:

CITY:

* STATE:

ZIP:

SEARCH FACILITY REGISTRATIONS

SEARCH BY FACILITY INFORMATION

FACILITY NAME:

FACILITY NAME SUFFIX:

CITY:

COUNTRY/AREA:

STATE/PROVINCE

/TERRITORY: [Click here to select a State/Province/Territory](#)

ZIP:

REGISTRATION NUMBER:

TYPE OF ACTIVITY CONDUCTED AT FACILITY (Use Ctrl or Shift key to select multiple entries):

Animal Food - Salvage Operator (Reconditioner)
Commissary
Warehouse / Holding Facility (e.g. storage facilities, including storage tanks, grain elevators)
Animal Food - Repacker / Packer
Repacker / Packer

◀ Back

↪ Reset

↪ Submit

◀ Back to Main

SECTION 1 TYPE OF REGISTRATION

* - These fields are required

* Facility Location
Please Select

* ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY?
 Yes No

If "Yes", provide the following information, if known.

Previous Owners Title
Please Select

Previous Owner's Name

Previous Owner's Registration Number

[» Continue](#)

⏪ Back to Step 01

➡ Continue

⏪ Cancel & Start Again From Section 1

[← Back to Step 01](#) [→ Continue](#)

[← Cancel & Start Again From Section 1](#)

SECTION 2 FACILITY NAME / ADDRESS INFORMATION

*** These fields are required**

[→ Autofill Address](#) [→ Clear](#)

* Facility Name

* Facility Name Suffix

* Please Select

* Country/Area

* Facility Street Address, Line1

Facility Street Address, Line2

Please enter 'NONE' in Zip code field if Zip codes are not used in selected Country/Area

* Zip Code (Postal Code)

* City

* State/Province/Territory

Numbers only. No spaces, dashes or parentheses. Country Code not required for US phone numbers.

Country Code	Area/City Code	Phone Number	Extension
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Country Code	Area/City Code	Phone Number
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

* E-Mail Address

[← Back to Step 01](#) [→ Continue](#)

[← Cancel & Start Again From Section 1](#)

SECTION 2 FACILITY NAME / ADDRESS INFORMATION

* - These fields are required

>> AutoFill Address

>> Clear

* Facility Name
Tech Star

* Facility Name Suffix

Corporation

* Country/Area
ALBANIA

* Facility Street Address, Line1

Facility Street Address, Line2

Please enter *NONE* in Zip code field if Zip codes are not used in selected Country/Area
* Zip Code (Postal Code)

* City

* State/Province/Territory
[Click here to select a Province / Territory](#)

SECTION 3 PREFERRED MAILING ADDRESS INFORMATION (Optional)

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

*** - 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.

If information is the same as section 2, check the box:

Auto/Fill Address

*** Name

*** Country/Area

Please Select a Country/Area

*** Address, Line1

Address, Line2

Please enter "NONE" in Zip code field if Zip codes are not used in selected Country/Area

*** Zip Code (Postal Code)

*** City

*** State/Province/Territory

[Click here to select a Province / Territory](#)

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)
-----------	-----------	---------------	------------

*** Phone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Country Code	Area/City Code	Fax Number
--------------	----------------	------------

(e.g.033)	(e.g.101)	(e.g.5551111)
-----------	-----------	---------------

Fax Number (Optional)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Email Address (Optional)

SECTION 4 PARENT COMPANY NAME/ADDRESS INFORMATION

Is your Parent Company Name/Address information same as Section 2 (Facility Name/Address Information)?

- Yes
- No

◀ Back to Step 03

▶ Continue

◀ Cancel & Start Again From Section 1

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.

* - These fields are required

>> AutoFill Address

>> Clear

Title (Optional)

Please Select *

First Name (Optional)

John

Middle Name (Optional)

Last Name (Optional)

Smith

Job Title (Optional)

CEO

Please enter 001 as country code for Anguilla, Antigua and Barbuda, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Dominican Republic, Grenada, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos Islands. Numbers only. No spaces, dashes or parentheses. Country Code not required for US phone numbers.

Country Code	Area/City Code	Phone Number
(e.g.033)	(e.g.101)	(e.g.3331111)

* Emergency Contact Phone

001

301

7705555

E-mail Address (Optional)

ipisner@gnsi.com

<< Back

>> Continue

<< Cancel & Start Again From Section 1

* These fields are required

* Are there alternate trade names used by your facility in addition to the name provided in Section 2 - Facility Name/Address information?

Yes No

If yes, you must provide all alternate trade names used by your facility.

* Alternate Trade Name #1

GlobalMed Inc

Alternate Trade Name #2

Alternate Trade Name #3

Alternate Trade Name #4

◀ Back to Step 05

▶ Continue

◀ Cancel & Start Again From Section 1

* These fields are required

➤ AutoFill Address

➤ Clear

TITLE (Optional)

* First Name of U.S. Agent

Middle Name of U.S. Agent

* Last Name of U.S. Agent

* Country/Area
UNITED STATES

* Address, Line 1

Address, Line 2

Please enter "NONE" in Zip code field if Zip codes are not used in selected Country/Area

* Zip Code

* City

* State

Numbers only. No spaces, dashes or parentheses. Country Code not required for US phone numbers.

Area/City Code	Phone Number	Extension
(e.g.101)	(e.g.5551111)	(e.g.1111)

* Phone Number

Area/City Code	Phone Number
(e.g.101)	(e.g.5551111)

* Emergency Contact Phone

Fax Number (Optional)

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

* E-Mail Address

⏪ Back to Step 05

➤ Continue

⏪ Cancel & Start Again From Section 1

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

For Harvest 1

Start Month:

End Month:

For Harvest 2

Start Month:

End Month:

SECTION 9 TYPE OF STORAGE FOR FACILITIES THAT ARE PRIMARILY HOLDERS (OPTIONAL)

- Ambient (neither frozen nor refrigerated) Storage
- Refrigerated Storage
- Frozen Storage

- Food for Human Consumption
- Food for Animal Consumption

◀◀ Back to Step 08

▶▶ Continue

◀◀ Cancel & Start Again From Section 1

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 / Storage Facility (e.g. storage facilities, including storage tanks, grain elevators)	Assisted / Low Acid Food Processor	Interstate Commerce Carrier/ Canning Plant	Multistate Establishment	Commissary	Contract Qualifier	Labeler/ Packager	Manufacturer/ Processor	Packer/ Fisher	Salvage Operator (Reconditioner)
<input type="checkbox"/> 1. ACIDIFIED FOODS (AFI) [21 CFR 174.330]	<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 175.3 (a) (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 TUNING) 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 (x) (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 (k) (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 (x) (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 (x) (30)]	<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 checked="" type="checkbox"/> a. Salt, Ripened Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 (k) (3), (9), (36), (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 (x) (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 (x) (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 (x) (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 (x) (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. Herbs 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 (x) (8), (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"/> 15. FISHER / SEAFOOD PRODUCT CATEGORIES [21 CFR 170.3 (x) (13), (13), (38), (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 Fillet	<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 (x) (42), (2), (3), (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 PRESERVATIVES (PRESERVATIVES) [21 CFR 170.3 (x) (43), (21 CFR 170.3 (x) (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 (x) (16), (27), (28), (33), (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 (x) (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, KEMF, PUDDING MIXES, OR PIE FILLINGS [21 CFR 170.3 (x) (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 (x) (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 (x) (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) PRODUCT [21 CFR 170.3 (x) (11)]	<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 (x) (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 (x) (17), (18), (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 OIL MILK PRODUCTS [21 CFR 170.3 (x) (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"/>
<input type="checkbox"/> 27. MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES [21 CFR 170.3 (x) (11), (54), (17), (18), (22), (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 (x) (24), (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 (x) (11), (17), (18), (22), (24), (34), (39)]	<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 (x) (11), (54)]	<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. BAKED FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) [21 CFR 170.3 (x) (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 (x) (24)]	<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 (x) (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 NATURAL [21 CFR 170.3 (x) (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 (x) (19), (34)]	<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 (x) (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 (x) (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 (x) (1), (25)]	<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.										

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	Repacker / Packer	Labeler / Relabeler
<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"/>	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"/>	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"/>	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"/>	5. ANIMAL-DERIVED PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	6. BREWER PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	8. CITRUS PRODUCTS	<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"/>	10. ENZYMES	<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"/>	12. FERMENTATION PRODUCTS	<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"/>	14. MILK PRODUCTS	<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"/>	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"/>	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"/>	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"/>	19. PEANUT PRODUCTS	<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"/>	21. SCREENINGS	<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"/>	23. YEAST PRODUCTS	<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"/>	25. PET FOOD	<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"/>	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"/>	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).	<div style="border: 1px solid black; width: 100%; height: 50px;"></div>					

SECTION 11 OWNER, OPERATOR, OR AGENT-IN-CHARGE INFORMATION*** - These fields are required**

* 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 - Facility Address Information
 Section 4 - Parent Company Address Information

>> AutoFill Address**>> Clear**

If this is the first facility registration entered by this account holder, this option will copy the company address data from your account information. Otherwise, this option will fill the address fields automatically using data in this section from the last registration entered. If you choose Autofill, and decide the information is not what you wanted, you may choose Clear to undo this and fill in the correct information manually.

* Country/Area

Please Select

* Street Address, Line1

Street Address, Line2

Please enter 'NONE' in Zip code field if Zip codes are not used in selected Country/Area

* Zip Code (Postal Code)

* City

* State/Province/Territory

[Click here to select a Province / Territory](#)

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)

* Phone Number

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

Fax Number (Optional)

E-Mail Address (Optional)

<< Back to Step 09**>> Continue****<< Cancel & Start Again From Section 1**

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 10 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.

***. These fields are required**

* Name of the Submitter

* Select One Option

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

⏪ Back to Step 10

➡ Continue

⏴ Cancel & Start Again From Section 1

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, 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.

* - These fields are required

* Name of the Submitter

* Select One Option

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

* If you selected option B above, indicate who authorized you to submit the registration:

- OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)
- Jeff NAME OF INDIVIDUAL WHO AUTHORIZED REGISTRATION ON BEHALF OF OWNER,OPERATOR, OR AGENT IN CHARGE (FILL IN ADDRESS BELOW)

* - These fields are required only if the section applies

Address Information for the Authorizing Individual:

* Country/Area

* Authorizing Individual Street Address, Line1

Authorizing Individual Street Address, Line2

Please enter 'NONE' in Zip code field if Zip codes are not used in selected Country/Area

* Zip Code (Postal Code)

* City

* State/Province/Territory

Numbers only. No spaces, dashes or parentheses. Country Code not required for US phone numbers.

	Country Code (e.g.033)	Area/City Code (e.g.101)	Phone Number (e.g.5551111)	Extension (e.g.1111)
* Phone Number	<input type="text" value="001"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Country Code (e.g.033)	Area/City Code (e.g.101)	Fax Number (e.g.5551111)
Fax Number (Optional)	<input type="text" value="001"/>	<input type="text"/>	<input type="text"/>

E-Mail Address (Optional)

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

Date: 09/26/2012 11:09:02

SECTION 1 TYPE OF REGISTRATION

EDIT

1a. DOMESTIC REGISTRATION

1b. INITIAL REGISTRATION: Application number will be generated upon submission

ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? Yes No

1c. PREVIOUS OWNER'S TITLE: PREVIOUS OWNER'S NAME: PREVIOUS OWNER'S REGISTRATION NUMBER:

SECTION 2 FACILITY NAME / ADDRESS INFORMATION

EDIT

FACILITY NAME: *default*

FACILITY NAME SUFFIX: Corporation

FACILITY NAME SUFFIX OTHER:

FACILITY STREET ADDRESS, Line1: 123 Main Street

FACILITY STREET ADDRESS, Line2:

CITY: Riverside

STATE/PROVINCE/TERRITORY: Maryland

ZIP CODE (POSTAL CODE): 20945

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/County Code): 801 301 7700000

FAX NUMBER (Optional: Include Area/County Code):

E-MAIL ADDRESS: *jsm@gsa.gov*

SECTION 3 PREFERRED MAILING ADDRESS INFORMATION (Optional)

EDIT

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

If information is the same as section 2, check the box:

NAME:

ADDRESS, Line1:

ADDRESS, Line2:

CITY:

STATE/PROVINCE/TERRITORY:

ZIP CODE (POSTAL CODE):

COUNTRY/AREA:

PHONE NUMBER (Include Area/County Code):

FAX NUMBER (Optional: Include Area/County Code):

E-MAIL ADDRESS (Optional):

Date: 09/20/2012 11:10:23

SECTION 1 TYPE OF REGISTRATION

1a DOMESTIC REGISTRATION
1b INITIAL REGISTRATION: 188686399 PIN NUMBER: CAA448H
ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? Yes No

SECTION 2 FACILITY NAME / ADDRESS INFORMATION

FACILITY NAME (Optional):
FACILITY NAME SUFFIX (Optional): Corporation FACILITY NAME SUFFIX OTHER:
FACILITY STREET ADDRESS, Line 1: 123 Main Street
FACILITY STREET ADDRESS, Line 2:
CITY: NewYork STATE/PROVINCE/TERRITORY: Maryland
ZIP CODE (POSTAL CODE): 20802
COUNTRY/AREA: UNITED STATES
PHONE NUMBER (Include Area/Country Code): 001 301 7755555
FAX NUMBER (Optional: Include Area/Country Code):
EMAIL ADDRESS (Optional): sname@pco.com

SECTION 3 PREFERRED MAILING ADDRESS INFORMATION (Optional)

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)
If information is the same as section 2, check the box:
NAME:
ADDRESS, Line 1:
ADDRESS, Line 2:
CITY: STATE/PROVINCE/TERRITORY:
ZIP CODE (POSTAL CODE):
COUNTRY/AREA:
PHONE NUMBER (Include Area/Country Code):
FAX NUMBER (Optional: Include Area/Country Code):
EMAIL 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 - Facility Address Information
None of the above
NAME OF PARENT COMPANY: GlobalNet
PARENT COMPANY SUFFIX (Optional):
STREET ADDRESS OF PARENT COMPANY, Line 1: 123 Main Street
STREET ADDRESS OF PARENT COMPANY, Line 2:
CITY: NewYork STATE/PROVINCE/TERRITORY: Maryland
ZIP CODE (POSTAL CODE): 20802
COUNTRY/AREA: UNITED STATES
PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): 001 301 7755555
FAX # OF INDIVIDUAL AT PARENT COMPANY (Optional: Include Area/Country Code):
EMAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY (Optional: Include Area/Country Code): sname@pco.com

SECTION 5 FACILITY EMERGENCY CONTACT INFORMATION

INDIVIDUAL'S TITLE (Optional): INDIVIDUAL'S TITLE OTHER:
INDIVIDUAL'S NAME (Optional): John
INDIVIDUAL'S MIDDLE NAME (Optional):
INDIVIDUAL'S LAST NAME (Optional): Smith
TITLE (Optional): CEO
EMERGENCY CONTACT PHONE (Include Area/Country Code): 001 301 7755555
EMAIL ADDRESS (Optional): sname@pco.com

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").
ALTERNATE TRADE NAME #1: GlobalNet Inc

SECTION 7 UNITED STATES AGENT

(To be completed by facilities located outside any state or territory of the United States, District Of Columbia, or The Commonwealth of Puerto Rico)
FIRST NAME OF U.S. AGENT: N/A
MIDDLE NAME OF U.S. AGENT: N/A
LAST NAME OF U.S. AGENT: N/A
TITLE (Optional): N/A
ADDRESS, Line 1: N/A
ADDRESS, Line 2: N/A
CITY: N/A STATE: N/A COUNTRY/AREA: N/A
ZIP CODE (POSTAL CODE): N/A
PHONE NUMBER (Include Area/Country Code): N/A
EMERGENCY CONTACT PHONE NUMBER (Include Area Code): N/A
FAX NUMBER (Optional: Include Area Code): N/A
EMAIL ADDRESS: N/A

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:
Fair Harvest 1
Start Month: January End Month: June
Fair Harvest 2
Start Month: End Month:

SECTION 9 TYPE OF STORAGE (FOR FACILITIES THAT ARE PRIMARILY HOLDERS) (OPTIONAL)

Refrigerated Storage
Ambient (neither frozen nor refrigerated) Storage
Frozen Storage

SECTION 10 GENERAL PRODUCT CATEGORIES - HUMAN/ANIMAL BOTH

Food for Human Consumption
Food for Animal Consumption

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

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.
To be completed by all food facilities. Please see instructions for further examples.
Table with columns: Warehouse / Holding Facility, Acidified / Low Acid Food Processor, Intermediate Conveyance / Catering Point, Mexican Salsa Establishment, Contract Sanitizer, Labeler / Releaser, Manufacturer / Processor, Inspector / Packer, Salvage Operator (Reconditioner)
Row 1: CHEESE AND CHEESE PRODUCT CATEGORIES (D1, CFI 172.3 (a) (1))
Row 2: Soft, Ripened Cheese

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

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.
To be completed by all animal food facilities. Please see instructions for further examples.
Table with columns: Animal food manufacturer / Processor, Warehouse / Holding Facility, Acidified / Low Acid Food Processor, Contract Sanitizer, Inspector / Packer, Labeler / Releaser, Salvage Operator (Reconditioner)
Row 1: BREWER PRODUCTS

SECTION 11 OWNER, OPERATOR, OR AGENT IN CHARGE INFORMATION

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, Check which section:
Section 2 - Facility Address Information
Section 4 - Parent Company Address Information
NAME OF ENTRY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: Fred
STREET ADDRESS, Line 1: 123 Main Street
STREET ADDRESS, Line 2:
CITY: NewYork STATE/PROVINCE/TERRITORY: Maryland
ZIP CODE (POSTAL CODE): 20802
COUNTRY/AREA: UNITED STATES
PHONE NUMBER (Include Area/Country Code): 001 301 7755555
FAX NUMBER (Optional: Include Area/Country Code):
EMAIL ADDRESS (Optional): sname@pco.com

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

I, 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, have submitted 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 may not submit this form to FDA. The owner, operator, or agent in charge of the facility must be a resident of the United States and must be a resident of the United States at the time of submission of this form. The owner, operator, or agent in charge of the facility must be a resident of the United States at the time of submission of this form. The owner, operator, or agent in charge of the facility must be a resident of the United States at the time of submission of this form. The owner, operator, or agent in charge of the facility must be a resident of the United States at the time of submission of this form.
The Secretary will be permitted to inspect the facility at the time and in the manner permitted by the act.
NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: John
CHECK ONE BOX
Owner, Operator, or Agent in Charge (STOP HERE, FORM IS COMPLETED)
Individual Authorized to Submit the Registration
IF YOU CHECKED BOX # 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): N/A
ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: N/A
AUTHORIZING INDIVIDUAL STREET ADDRESS, Line 1: N/A
AUTHORIZING INDIVIDUAL STREET ADDRESS, Line 2: N/A
CITY: N/A
STATE/PROVINCE/TERRITORY: N/A
ZIP CODE (POSTAL CODE): N/A
COUNTRY/AREA: N/A
PHONE NUMBER (Include Area/Country Code): N/A
FAX NUMBER (Optional: Include Area/Country Code): N/A
EMAIL ADDRESS (Optional): N/A

..... Registration Successful !

Your Registration Number is 18666968300

Your PIN is CAAdAbh

Please keep the registration number and PIN for your records.

The registration number is required for all communications with FDA regarding this registration.

The PIN will allow you to access a registration online, if the registration was initially submitted as a paper form.

Please refer to the help section for more details.

[← Back to Main](#)

[➤ View Complete Registration](#)

FFRM Food Facility Registration Module



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>> FFRM Home

- Step 01
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- Step 04
- Step 05
- Step 06
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- Step 09
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- Step 11
- Step 12

Please review your registration information. While all information submitted must be true and accurate, you are only required to submit the required information specified below for the purposes of renewing your registration. If all information is correct, click the **Submit Biennial Registration** Renewal button below. To make changes to a section, click the **Edit** button for that section.

Get Help ?

Date: 09/21/2012 13:38:32

Created Date: 2012-09-21 13:37:44.0

Created by: aaa2872

Last Updated:

Registration Status: VALID

Registration Status Reason: Initial registration

SECTION 1 TYPE OF REGISTRATION

1a. DOMESTIC REGISTRATION

1b. UPDATE OF REGISTRATION INFORMATION: Registration number: 19774264088 Pin No 8D9H5918 [Modify/Pin](#)

SECTION 2 FACILITY NAME / ADDRESS INFORMATION

FACILITY NAME: aaaaaaaaaaaaaa

FACILITY NAME SUFFIX: Limited Company

FACILITY NAME SUFFIX OTHER:

FACILITY STREET ADDRESS, Line1: 11820 Parklawn Dr

EDIT

FACILITY STREET ADDRESS, Line2:

CITY: Rockville

STATE/PROVINCETERRITORY: Maryland

ZIP CODE (POSTAL CODE): 20852-2529

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 001 301 11111111

FAX NUMBER (Optional; Include Area/Country Code):

E-MAIL ADDRESS: sjayapalan@gnsi.com

SECTION 3 PREFERRED MAILING ADDRESS INFORMATION (Optional)

EDIT

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

If information is the same as section 2, check the box:

NAME: aaaaaaaaaa Limited Company

ADDRESS, Line1: 11820 Parklawn Dr

ADDRESS, Line2:

CITY: Rockville

STATE/PROVINCETERRITORY: Maryland

ZIP CODE (POSTAL CODE): 20852

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 001 301 11111111

FAX NUMBER (Optional; Include Area/Country Code):

E-MAIL ADDRESS (Optional): sjayapalan@gnsi.com

SECTION 4 PARENT COMPANY NAME/ADDRESS INFORMATION

EDIT

(If applicable and if different from sections 2 and 3). If information is the same as another section, check which section:

Section 3 - Preferred Mailing Address Information
 None of the above

NAME OF PARENT COMPANY: aaaaaaaaaaaaaa

PARENT COMPANY SUFFIX: Limited Company

PARENT COMPANY SUFFIX OTHER:

STREET ADDRESS OF PARENT COMPANY, Line 1: 11820 Parklawn Dr

STREET ADDRESS OF PARENT COMPANY, Line2:

STATE/PROVINCE/TERRITORY: Maryland

CITY: Rockville

ZIP CODE (POSTAL CODE): 20852

COUNTRY/AREA: UNITED STATES

PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): 001 301 1111111

FAX # OF INDIVIDUAL AT PARENT COMPANY (Optional; Include Area/Country Code):

E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY (Optional): sjayapalan@gnsi.com

SECTION 5 FACILITY EMERGENCY CONTACT INFORMATION

EDIT

INDIVIDUAL'S TITLE (Optional):

INDIVIDUAL'S TITLE OTHER:

INDIVIDUAL'S NAME (Optional): aaaaaaaaaaaaaaaaaa

INDIVIDUAL'S MIDDLE NAME (Optional):

INDIVIDUAL'S LAST NAME (Optional): aaaaaaaaaaaaaaaaaa

TITLE (Optional): aaaaaaaaaaaaaaaaaa

EMERGENCY CONTACT PHONE (Include Area/Country Code): 001 301 1111111

E-MAIL ADDRESS (Optional): sjayapalan@gnsi.com

SECTION 6 TRADE NAMES

EDIT

(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");
ALTERNATE TRADE NAME #1:

SECTION 7 UNITED STATES AGENT

(To be completed by facilities located outside any state or territory of the United States, District Of Columbia, or The Commonwealth of Puerto Rico)

FIRST NAME OF U.S. AGENT: -N/A-

MIDDLE NAME OF U.S. AGENT: -N/A-

LAST NAME OF U.S. AGENT: -N/A-

TITLE (Optional): -N/A-

ADDRESS, Line 1: -N/A-

ADDRESS, Line 2: -N/A-

CITY: -N/A-

ZIP CODE (POSTAL CODE): -N/A-

PHONE NUMBER (Include Area/Country Code): -N/A-

EMERGENCY CONTACT PHONE NUMBER (Include Area Code): -N/A-

FAX NUMBER (Optional; Include Area Code): -N/A-

EMAIL ADDRESS: -N/A-

SECTION 8 SEASONAL FACILITY DATES OF OPERATION (Optional)

EDIT

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

For Harvest 1

Start Month:

End Month:

For Harvest 2

Start Month:

End Month:

SECTION 9 TYPE OF STORAGE (FOR FACILITIES THAT ARE PRIMARILY HOLDERS) (OPTIONAL)

EDIT

Ambient (neither frozen nor refrigerated) Storage

Refrigerated Storage

Frozen Storage

SECTION 10 GENERAL PRODUCT CATEGORIES - HUMAN/ANIMAL/BOTH EDIT

Food for Human Consumption Food for Animal Consumption

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

To be completed by all food facilities. Please see instructions for further examples.

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 Establishment	Commissary	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Repacker / Packer	Salvage Operator (Reconditioner)
<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 11 OWNER, OPERATOR, OR AGENT-IN-CHARGE INFORMATION EDIT

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

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: test

STREET ADDRESS, Line 1: 11820 Parklawn Dr

STREET ADDRESS, Line 2:

CITY: Rockville

STATE/PROVINCE/TERRITORY: Maryland

ZIP CODE (POSTAL CODE): 20852

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 001 301 1111111

FAX NUMBER (Optional: Include Area/Country Code):

E-MAIL ADDRESS (Optional): sjayapalan@gnsi.com

SECTION 12 INSPECTION STATEMENT EDIT

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 EDIT

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.

NAME OF PERSON SUBMITTING THIS REGISTRATION RENEWAL: test
CHECK ONE BOX

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

B. INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

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) : -N/A-

NAME OF PERSON SUBMITTING THIS REGISTRATION RENEWAL: test
CHECK ONE BOX

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

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): -N/A-

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2: -N/A-

CITY: -N/A-

STATE/PROVINCE/TERRITORY: -N/A-

ZIP CODE (POSTAL CODE): -N/A-

COUNTRY/AREA: -N/A-

PHONE NUMBER (Include Area/Country Code): -N/A-

FAX NUMBER (Optional; Include Area/Country Code): -N/A-

E-MAIL ADDRESS (Optional): -N/A-

Cancel <<

>> Submit Biennial Registration Renewal