

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

FOR FDA USE ONLY	
FCE No.	Date Received by FDA

**1. TYPE OF SUBMISSION**

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

Specify Type of Change: \_\_\_\_\_

**2. FOOD PROCESSING PLANT LOCATION**

Establishment Name \_\_\_\_\_

Number and Street \_\_\_\_\_

City and State or Province (or other Subdivision) \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Telefax No. \_\_\_\_\_

**3. PREFERRED MAILING ADDRESS**

Same as Plant Location

Establishment Name \_\_\_\_\_

Number and Street \_\_\_\_\_

City and State or Province (or other Subdivision) \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Telefax No. \_\_\_\_\_

**4. LOW ACID AND/OR ACIDIFIED FOODS PROCESSED AT THIS LOCATION**

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

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

(Check One)

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

**PLEASE NOTE THE FOLLOWING:**

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

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

**5. ESTABLISHMENT CONTACT PERSON**

Name of Contact and Business Address: \_\_\_\_\_

Position:  Owner  Technologist  Manager  Director  President/Vice President  Other Employee  Authorized Third Party Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### LACF Contact Information

For more information, contact the LACF Registration Coordinator by e-mail at [LACF@FDA.HHS.GOV](mailto:LACF@FDA.HHS.GOV) or phone: 240-402-2411

For paper submissions, send completed forms to:

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

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

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

The burden time for this collection of information is estimated to average .17 hour 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:

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.”*