According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0128. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE OFFICE OF INVESTIGATION, ENFORCEMENT AND AUDIT

REGISTRATION OF MEAT AND POULTRY HANDLERS

DISTRIBUTION: RETAIN ONE COPY FOR YOUR FILES, AND RETURN ONE COPY OF THIS FORM TO:

USDA, FSIS, OIEA, ELD 1400 Independence Avenue, SW Stop Code 3753, PP3, Cubicle 8-235A Washington, D.C. 20250-3700 EPBCorrespondence@fsis.usda.gov

NOTICE TO MEAT AND POULTRY HANDLERS

Unless you operate under Federal Inspection, you are required by law to register with the U.S. Department of Agriculture if you deal in meat or poultry products or Siluriformes in or for commerce. (The term "commerce" means commerce between any State, any territory, or the District of Columbia, and any place outside thereof; or within any territory not organized with a legislative body, or the District of Columbia, or within a State or Territory that has been designated for 21 U.S.C. 643 and/or 21 U.S.C. 460 because such State or Territory does not operate a program of its own.)

INSTRUCTIONS: Complete items 1 through 10 and send 2 copies to the address in the upper right corner. USDA will return one copy of the completed registration to the registrant in item 2.

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	the "original" box to indicate first t submitting an update, please spe		r any changes to original form and highlight the changed i	nformation.
Ĺ	ORIGINAL	UPDATE	REGISTRATION NO.	
2. NAME	AND MAILING ADDRESS OF RE	EGISTRANT (Include Zip Code)	2a. PHYSICAL ADDRESS OF REGISTRANT (Include	= Zip Code) (if different from # 2.)
PHONE:			Ę-MAIL:	
3 FORM	OF ORGANIZATION (Check or	r specify)		
	INDIVIDUALLY OWNED	LIMITED LIABILITY CORPORATION	COOPERATIVE ASSOCIATION	
	INCORPORATED	PARTNERSHIP	OTHER Specify	
4. NATUR	RE OF BUSINESS (Check all tha			
	MEAT OR MEAT PRODUCTS	POULTRY OR POULTRY PRODUCTS	SILURIFORMES FISH OR SILURIFORMES FISH PRODUCTS	
5. CHECK	EACH TYPE OF BUSINESS YO	U ARE ENGAGED IN		
	DOMESTIC BROKER	IMPORT BROKER	RENDERER	ANIMAL FOOD MANUFACTURER
	PUBLIC WAREHOUSEMAN	WHOLESALER	SILURIFORMES FISH FARM/POND	SILURIFORMES FISH TRANSPORTER
		g, or importing any dead, dying, disable cies that died otherwise than by slaugh	ed, or diseased amendable species or parts of the oter. (4D operator)	carcasses
		nes, or divisions of your organization wherent from your organization's. (If none,	nich engage in business of the type identified in Iter state none)	m 4.
PHONE: E-MAIL:		HOURS OF OPERATION		
		<u> </u>		
CHANGE such char	S: If you make any changes nges within 15 days to addres	in the names, including trade names, os in upper right corner.	or addresses of the place or places where you do b	usiness, report
CERTIFICATION BY FIRM OFFICIAL				
7. TYPED OR PRINTED NAME		8. TITLE	9. SIGNATURE	10. DATE
	NC	TICE OF BEGISTRATION BY LICEA	(COMPLETED BY LISDA OFFICIAL)	
a. REGIST	RATION NO.	b. Date of registration by usda	·	RE OF USDA OFFICIAL
			. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

INSTRUCTIONS FOR FSIS FORM 5020-1, REGISTRATION OF MEAT AND POULTRY HANDLERS

OFFICIAL OF THE "MEAT AND POULTRY HANDLING" FIRM REQUIRED TO REGISTER: COMPLETE BLOCKS 1-10 BEFORE SUBMITTING THE FORM TO FSIS.

- Block 1. Check the box that best describes the nature of the application (original for first time registrations), or update to request changes (specify the registration number and highlight the changes).
- Block 2. Enter the entire name and mailing address of the registering firm, include the phone number and an e-mail address.
- Block 2a. Enter the physical address of the registering firm (if different from #2).
- Block 3. Check the box that describes the "Form of Organization" of the registering firm's organization.
- Block 4. Check the box that best describes the nature of the registrant's business.
- Block 5. Check all the boxes that describe the "Type of Business" that the registrant is engaged in.

 Note: Only those Siluriformes farms/ponds and transporters sending fish to FSIS inspected establishments are to register. If your farm/pond or your transportation does not supply to an FSIS inspected establishment, you do not need to register those farms/ponds or transporters.
- Block 6. Enter the address or addresses of subsidiaries, branches, or divisions of the registrants as names, trade names, or names that are different than the name entered in block 1. Include the phone number, an e-mail address, and the hours of operation for each subsidiary, branch, or division. Attach additional sheets if necessary.
- Block 7. Print or type the name of the registering official.
- Block 8. Print or type the title of the registering official.
- Block 9. Signature of the registering official (can be signed electronically or printed and signed).
- Block 10. Enter the date when the registering official signs the form.