

U.S. Food and Drug Administration  
Export Listing Module (ELM)  
Screenshots for OMB Approval  
<https://www.access.fda.gov/>

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Figure 1: Identification of Food Facility

The screenshot displays the 'Enter New Application' page within the ELM Export Listing Module. The page is part of a multi-step process, with the current step being 'Business Information'. The breadcrumb trail is 'ELM Home > Enter New Application > Business Information'. The page content includes a header with the U.S. Department of Health and Human Services logo and 'FURLS HOME' text. The main header features the FDA FURLS and ELM Export Listing Module logos. A navigation bar contains four steps: 'Business Information' (active), 'Country/Product Information', 'Review', and 'Signature'. The main content area contains the following text: 'Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.' This text is repeated twice. Below this, it asks the user to 'Please select one of the following options to identify the Manufacturer:' and provides three radio button options: 'FFR Registration', 'FEI Number', and 'DUNS Number'. At the bottom of the page, there are 'Previous' and 'Next' navigation buttons.

U.S. Department of Health and Human Services FURLS HOME

FDA FURLS ELM Export Listing Module

### Enter New Application

ELM Home > Enter New Application > Business Information

ELM Home  
Enter New Application

Business Information Country/Product Information Review Signature

Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.

Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.

Please select one of the following options to identify the Manufacturer:

- FFR Registration
- FEI Number
- DUNS Number

< Previous Next >

Figure 1: FFR selection

Business Information	Country/Product Information	Review	Signature
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## Type of Facility

Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.

Please select one of the following options to identify the Manufacturer:

- FFR Registration
- FEI Number
- DUNS Number

### Food Facility Registration Information

Please enter the Food Facility Registration Number and PIN for the manufacturing facility. If you represent the manufacturing facility, you may access information for your registered food facilities by logging into the Food Facility Registration Module from the FURLS home page. If you do not represent the manufacturing facility, you may wish to contact the facility to request this information.

If you have any questions, you may contact the FDA Industry Systems [Help Desk](#).

**FFR Registration Number**

**FFR PIN Number**

[← Previous](#)

[Next →](#)

Figure 2: FEI selection

Business Information	Country/Product Information	Review	Signature
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## Type of Facility

Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.

Please select one of the following options to identify the Manufacturer:

- FFR Registration
- FEI Number
- DUNS Number

FEI Number	
FEI Number	<input type="text"/>

[< Previous](#)

[Next >](#)

Figure 3: DUNS selection

Business Information	Country/Product Information	Review	Signature
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## Type of Facility

Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.

Please select one of the following options to identify the Manufacturer:

- FFR Registration
- FEI Number
- DUNS Number

DUNS Number	
<b>DUNS Number</b>	<input type="text"/>

[< Previous](#)

[Next >](#)

Figure 4: Select Product Type and Country/Region

A Web Page

U.S. Department of Health and Human Services FURLS HOME

**FDA FURLS** | **ELM**  
Export Listing Module

Enter New Application

ELM Home > Enter New Application > Business Information

ELM Home  
Enter New Application

**Select Product and Country/Region**

Product Type

Country/Region

Note: Based upon the Product Type selected, the Country/Region list will be populated.

< Previous Next >

Figure 5: Business Information

Business Information	Country/Product Information	Review	Signature
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## Business Information

Parent Company Information and Manufacturer Address are prepopulated from the Food Facility Registration Module. If you wish to update this information, you may log in to the Food Facility Registration Module from the FURLS home page.

Parent Company Information

<b>Parent Company Name</b>	<input type="text" value="Triple-i"/>	<b>Country</b>	<input style="border: none; background-color: #f2f2f2; cursor: pointer; text-align: right; padding-right: 5px;" type="text" value="UNITED STATES"/> ▾
<b>Doing Business As (Optional)</b>	<input type="text"/>	<b>Address Line 1</b>	<input type="text" value="11820 Parklawn Dr"/>
		<b>Address Line 2 (Optional)</b>	<input type="text" value="11820"/>
		<b>ZIP or Postal Code</b>	<input type="text" value="20852"/>
		<b>City</b>	<input style="border: none; background-color: #f2f2f2; cursor: pointer; text-align: right; padding-right: 5px;" type="text" value="Rockville"/> ▾
		<b>State or Province</b>	<input style="border: none; background-color: #f2f2f2; cursor: pointer; text-align: right; padding-right: 5px;" type="text" value="Maryland"/> ▾

Contact Information

<b>First Name</b>	<input type="text"/>	<b>Telephone</b>	<input style="border: none; background-color: #f2f2f2; width: 30px; text-align: center; padding: 2px 5px;" type="text" value="001"/> <input style="border: none; background-color: #f2f2f2; width: 30px; text-align: center; padding: 2px 5px;" type="text" value="Area"/> <input style="border: none; background-color: #f2f2f2; width: 60px; text-align: center; padding: 2px 5px;" type="text" value="Telephone"/> <input style="border: none; background-color: #f2f2f2; width: 30px; text-align: center; padding: 2px 5px;" type="text" value="Ext"/>
			<b>Country    Area    Phone Number    Ext</b>
<b>Last Name</b>	<input type="text"/>	<b>Fax (Optional)</b>	<input style="border: none; background-color: #f2f2f2; width: 30px; text-align: center; padding: 2px 5px;" type="text" value="001"/> <input style="border: none; background-color: #f2f2f2; width: 30px; text-align: center; padding: 2px 5px;" type="text" value="Area"/> <input style="border: none; background-color: #f2f2f2; width: 60px; text-align: center; padding: 2px 5px;" type="text" value="Fax"/>
			<b>Country    Area    Fax Number</b>
<b>Email</b>	<input type="text"/>		




Figure 6: Business Information (Facility Information and Inspection Details)

### Facility Information for Listing

The following Facility Name and Address will be used for the Country List.

<b>Manufacturer Type</b>	<input type="text" value="Processing Plant"/>	<b>Facility Street Address, Line 1</b>	<input type="text" value="11820 Parklawn Dr # 11820"/>
<b>Name for Listing</b>	<input type="text" value="Triple-i"/>	<b>Facility Street Address, Line 2 (Optional)</b>	<input type="text"/>
		<b>Zip/Postal Code</b>	<input type="text" value="20852"/>
		<b>City</b>	<input type="text" value="Rockville"/>
		<b>State/Territory</b>	<input type="text" value="Maryland"/>

### Inspection Details

<b>Plant Identifier (FEI Number, USDA Dairy Number, IMS Number)</b>	<input type="text"/>	<b>Last Inspection Date (MM/DD/YYYY)</b>	<input type="text"/> 
<b>Government Agency that provided Inspection</b>	<input type="text" value="--Please Select--"/>	<b>Copy of Last Inspection Notice</b>	<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Upload"/>

Allowed file types are .jpg, .jpeg, .doc, .docx, .txt, .xls, .xlsx, .pdf, .gif, and .rtf. The maximum file size is 50 MB.

Figure 7: Additional Documents (Optional)

Business Information	Country/Product Information	Review	Signature
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## Additional Documents

Upload Additional Documentation (as applicable):

Allowed file types for the additional documents are .jpg, .jpeg, .doc, .docx, .txt, .xls, .xlsx, .pdf, .gif, and .rtf. The maximum file size is 50 MB.

< Previous

Save And Exit >

Next >

Figure 8: Contact Information

Business Information	<b>Country/Product Information</b>	Review	Signature
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### Contact Information

Email below will be the main email used for Country application notifications.

**Country** Chile

Autfill Main Contact Information

Contact Information			
<b>First Name</b>	<input type="text" value="ddjkjl"/>	<b>Telephone</b>	<input type="text" value="001"/> <input type="text" value="301"/> <input type="text" value="9993333"/> <input type="text" value="Ext"/>
		<b>Country</b>	<b>Area</b> <b>Phone Number</b> <b>Ext</b>
<b>Last Name</b>	<input type="text" value="dkldkl"/>	<b>Fax (Optional)</b>	<input type="text" value="001"/> <input type="text" value="Area"/> <input type="text" value="Fax"/>
		<b>Country</b>	<b>Area</b> <b>Fax Number</b>
<b>Title</b>	<input type="text"/>	<b>Email</b>	<input type="text" value="debra.steinbrink@fda.hhs.gov"/>

[< Previous](#) [Save And Exit >](#) [Next >](#)

Figure 9: Product Information

Business Information | **Country/Product Information** | Review | Signature

## Product Information

**Country** Chile

<b>Animal Origin</b>	--Please Select--
<b>Product</b>	<input type="text"/>
<b>Schedule B/HTS Number</b> ?	<input type="text"/>
<b>Value of Goods (Optional)</b> ?	<input type="text"/>
<b>Quantity (Optional)</b> ?	<input type="text"/>
<b>Unit Of Measure</b> ?	--Please Select--
<b>Is this product shipping within the next two years?</b>	--Please Select--



< Previous

> Next

Figure 10: Product List

Business InformationCountry/Product InformationReviewSignature

## Product List

To edit a product, click the  icon next to the product information below.  
To delete a product, click the  icon next to the product information below.

**CONFIRMATION: Product has been successfully added.**

Facility Details

Country



Triple-i  
11820 Parklawn Dr # 11820, Rockville, MD 20852

Chile

[+ Add Product](#)

Showing 1 to 1 of 1 entries

Show  entries Filter:

Animal Origin	Product	Action
Bovine	milk	 

Previous 1 Next

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[< Previous](#)[Save And Exit >](#)[> Next](#)

Figure 11: Review screen (1 of 3)

Business Information	Country/Product Information	Review	Signature
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Please review the information entered for the Dairy Facility. Please select the "Edit" buttons next to each section to update. Click "Next" to submit the application.

Business Information Edit

**Parent Company Name/Address Information**

<b>Company Name</b>	Triple-i	<b>Doing Business As (Optional)</b>	
<b>Address, Line 1</b>	11820 Parklawn Dr	<b>Address, Line 2 (Optional)</b>	11820
<b>City</b>	Rockville	<b>State/Province/Territory</b>	Maryland
<b>Zip/Postal Code</b>	20852	<b>Country/Area</b>	UNITED STATES

**Main Contact Information**

<b>First Name</b>	ddjklj	<b>Telephone</b>	001-301-9993333
<b>Last Name</b>	dkldkl	<b>Fax (Optional)</b>	
<b>Email</b>	debra.steinbrink@fda.hhs.gov		

**Facility Information for Listing**

<b>Manufacturer Type</b>	Processing Plant	<b>Name for Listing</b>	Triple-i
<b>Facility Street Address, Line 1</b>	11820 Parklawn Dr # 11820	<b>Facility Street Address, Line 2 (Optional)</b>	
<b>City</b>	Rockville	<b>State/Territory</b>	Maryland
<b>Zip/Postal Code</b>	20852		

Figure 12: Review screen (2 of 3)

### Inspection Details

Plant Identifier (FEI Number, USDA Dairy Number, IMS Number)  
Government Agency that provided Inspection  
Last Inspection Date (MM/DD/YYYY)  
Copy of Last Inspection Notice

### Additional Documents

No Additional Documents uploaded.

### Country/Area

[Edit](#)

Country
Chile

### Country Contact Information

[Edit](#)

<b>First Name</b>	ddjkjl	<b>Telephone</b>	001-301-9993333
<b>Last Name</b>	dkldkl	<b>Fax (Optional)</b>	
<b>Title</b>	pm	<b>Email</b>	debra.steinbrink@fda.hhs.gov

### Product Information

[Edit](#)

Showing 1 to 1 of 1 entries  
Show  entries

Animal Origin	Product
Bovine	milk

[Previous](#) [1](#) [Next](#)

Figure 13: Review screen (3 of 3)

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 Save And Exit >

Next >





## Figure 14: Signature Page

### Signature Page

As the responsible official or designee of the establishment listed on this application, I hereby certify to the United States Food and Drug Administration that the establishment and the products listed on this application are, to the best of my knowledge, in compliance with all applicable requirements of the Federal Food, Drug, and Cosmetic Act (the FD&C Act), and all applicable regulations and standards, including the following:

1. The establishment listed on this application is currently registered with the FDA, if required by the FD&C Act.
2. The products listed on this application for export are legally marketed within the United States or meet the requirements of Section 801(e)(1) of the FD&C Act.
3. The products listed on this application are not the subject of a pending judicial enforcement action (e.g., an injunction or seizure) or a pending administrative action (e.g., warning letter).
4. The products listed on this application are being exported from the United States.

The undersigned certifies that the information in this submission is complete and accurate. The undersigned understands that the information submitted is intended to assist FDA in establishing and maintaining a list of exporters. FDA considers the information on this list, which is provided voluntarily with the understanding that it will be communicated to the competent authority and posted on the Internet, to be information that is not protected from disclosure under 5 U.S.C. § 552(b)(4).

<b>I agree</b>	<input type="checkbox"/>		
<b>On Behalf Of (Optional)</b>	<input type="text"/>	<b>Address, Line 1</b>	<input type="text"/>
<b>First Name</b>	<input type="text"/>	<b>Address, Line 2 (Optional)</b>	<input type="text"/>
<b>Last Name</b>	<input type="text"/>	<b>Zip/Postal Code</b>	<input type="text"/>
<b>Title</b>	<input type="text"/>	<b>City</b>	--Please Select-- 
<b>Telephone</b>	<input type="text" value="001"/> <input type="text" value="Area"/> <input type="text" value="Telephone"/> <input type="text" value="Ext"/>	<b>State/Territory</b>	--Please Select-- 
<b>Email</b>	<input type="text"/>	<b>Country/Area</b>	United States

Making or submitting false statements on any documents submitted to FDA may constitute violations of the United States Code Title 18, Chapter 47, Section 1001 with penalties including up to \$250,000 in fines and up to 5 years imprisonment.

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[✓ Submit](#)