

Shell Egg Producer Registration: Step-by-Step Instructions

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Register a Shell Egg Facility

After you have logged in to FDA Industry Systems, choose "Shell Egg Registration" from the list of systems available on the FURLS Home Page (Figure 1).

Figure 1:

The screenshot shows the SEPRM Welcome page. At the top left, there is a dark blue sidebar with the text "Account Management" and a list of options: ">> Edit Account Profile", ">> Change My Password", ">> Update System Access", ">> Create a Subaccount", ">> Deactivate a Subaccount", and ">> Reactivate a Subaccount". To the right of the sidebar, a dark blue header contains the text "Welcome" and "You are logged in as cfs10087". Below the header, the main content area has a light blue background. It starts with the text "Welcome to the FDA Industry Systems. You are logged in to your account for company FDA Test". Below this is a red text instruction: "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." Underneath is the heading "FDA Unified Registration Listing Systems" followed by five light blue buttons: "Food Facility Registration", "Low Acid Canned Food", "Device Registration & Listing", "Drug Facility Registration", and "Shell Egg Registration". Below these is the heading "Other FDA Systems" followed by one light blue button: "Prior Notice".

To register a shell egg facility, choose "Register a Shell Egg Facility" from the list of options on the SEPRM Home Page (Figure 2). After you have registered a facility you may also use this menu to choose to update, cancel, or search for shell egg registrations.

Figure 2:

The screenshot shows the SEPRM Main Menu. At the top, there is a dark grey header with the text "SEPRM MAIN MENU". Below the header, there are four light blue buttons stacked vertically: "Register a Shell Egg Facility", "Update Shell Egg Registration", "Cancel Shell Egg Registration", and "Search Shell Egg Registrations". To the right of these buttons is a white box with a red border containing the text "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."

Navigation

At the top of every page in SEPRM (Figure 3), a status bar will track your progress through the online registration process.

A "Get Help" link will provide page specific help. For an overview of all the help files available see FDA Industry Systems Index of Help Pages.

At the top right of the page, the link "FURLS HOME" will take you to the FURLS Home Page (Figure 1). "SEPRM HOME" will take you to the Shell Egg Producer Registration Home Page (Figure 2). Choose "FURLS HOME" to log out.

At the top and bottom of each screen are 3 navigation buttons:

- Back to Step XX - go back one screen and continue entering registration information. Information entered on the current screen will not be lost.
- Continue - go to the next screen and continue entering registration information.
- Cancel & Start Again From Section 1- Return to Section 1. Any information you have entered will be lost.

Figure 3:



Register a Shell Egg Facility -- Step 1

Section 1 - Type of Registration

This section is required.

Indicate the location of the facility being registered and whether you are submitting a registration as a new owner of a previously registered facility (Figure 4).

Select Continue.

Fields Included in this Section

Fields marked with an asterisk (*) are mandatory.

Note: The Type of Registration cannot be changed later in the application process. If you wish to change this selection, you must cancel the application and create a new registration.

*Type of Registration	<p>Specifies whether the facility is located within or outside the United States of America. Choose one of the following two options:</p> <ul style="list-style-type: none"> • Domestic Registration - to indicate that the facility is located in a State or Territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico. - or - • Foreign Registration - to indicate a facility is not a domestic facility.
*Are You The New Owner Of A Previously Registered Facility?	<p>Select Yes if you are submitting a registration as a new owner of a previously registered facility.</p> <p>Select No if you are submitting a registration for a facility never previously registered.</p>
Previous owner's name	<p>If you are a new owner of a previously registered facility, provide the name of the previous owner of the facility, if known.</p>
Previous owner's registration number	<p>The Registration Number is assigned to a facility by FDA. If you are a new owner of a previously registered facility, provide the previous owner's registration number for this facility, if known.</p>

Figure 4:

Get Help 

SECTION 1 TYPE OF REGISTRATION

***These fields are required.**

***FACILITY LOCATION**

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

If "yes", provide the following information, if known:

Previous owner's name

Previous owner's registration number

>> Continue

Register a Shell Egg Facility -- Step 2

Enter the name and address of the facility being registered. As an option, you may also enter information about a Preferred Mailing Address if that address is different from the Facility Address.

Section 2 - Facility Name / Address Information

This section is required.

Enter the name, address, phone number, FAX number, and e-mail address of the facility being registered (Figure 5).

If your facility has a preferred mailing address complete Section 3, otherwise select Continue to validate your address(es).

Fields Included in this Section

Fields marked with an asterisk (*) are mandatory.

*Facility Name	The name of the facility being registered.
*Facility Street Address	The physical location of the facility being registered. This is normally a street address, but may be some other physical/geographical designation used in rural locations.
*City	The city in which the facility is located.
*Country/Area	The country/area in which the facility is located. For foreign registrations, select a country/area from the pull-down menu. (For domestic registrations, United States is filled in automatically.)
*State/Province/Territory	The state, province, or territory in which the facility is located. Select a state, province, or territory from the pull-down menu when applicable or select "Not applicable."
*Zip Code (Postal Code)	The zip code (for domestic addresses) or postal code (for foreign addresses) of the facility being registered.
Phone Number: Country Code	For foreign registrations, the three-digit country code of the telephone number for the facility being registered.
*Phone Number: Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the facility being registered.
*Phone Number: Phone Number	The telephone number of the facility being registered.
Phone Number: Extension	The telephone extension, if any, dialed after the telephone number, of the facility being registered.

<i>FAX Number: Country Code</i>	For foreign registrations, the three-digit country code of the telephone number of the FAX machine for the facility being registered.
<i>FAX Number: Area/City Code</i>	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the FAX machine of the facility being registered.
<i>FAX Number: FAX Number</i>	The telephone number of the FAX machine of the facility being registered.
<i>E-mail Address</i>	An electronic mail address for the facility being registered. If E-mail address is not provided system will show pop-up message "If facility contact has e-mail address, then please enter the e-mail address to speed up and simplify the registration process. If you want to continue without including an e-mail address, press the continue button again" (Figure 6).

Figure 5:

SECTION 2 FACILITY NAME / ADDRESS INFORMATION

***These fields are required.**

>> Clear

*FACILITY NAME

*COUNTRY/AREA

*FACILITY STREET ADDRESS, Line 1

FACILITY STREET ADDRESS, Line 2

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

E-MAIL ADDRESS

Figure 6:



Section 3 - Preferred Mailing Address Information

This section is optional.

If the Preferred Mailing Address is the same as the Facility Address, you should leave this section blank (Figure 7). The Facility Address and the Preferred Mailing Address do not need to be in the same country/area.

When you are finished with this section select Continue to validate your address(es).

Fields Included in this Section

If you fill out this section, fields marked with asterisks (*******) are necessary for the system to process a complete response.

AutoFill Address	If this is the first facility registration entered by this account holder this session, 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 this session. If you choose AutoFill, and decide the information is not what you wanted, you may choose Clear to undo and fill in the correct information manually.
***Name	The name of the person or company where you wish to receive mail from FDA regarding this registration.
***Address	The mailing address of the company or person named - the address at which you would like to receive notices from FDA about this registration.
***City	The city in which the preferred mailing address is located.
***Country/Area	The country/area in which the preferred mailing address is located. Select a country/area from the pull-down menu.
***State/Province/Territory	The State, Province or Territory in which the preferred mailing address is located. Select a state, province, or territory from the pull-down menu when applicable or select "Not applicable."
***Zip Code (Postal Code)	The zip code (for domestic addresses) or postal code (for foreign addresses) for the preferred mailing address.
***Phone Number: Country Code	For foreign registrations, the three-digit country code of the telephone number for the preferred mailing address.
***Phone Number: Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the preferred mailing address.
***Phone Number: Phone Number	The telephone number for the preferred mailing address.
Phone Number: Extension	The telephone extension, if any, dialed after the telephone number, for the preferred mailing address.
FAX Number: Country Code	For foreign registrations, the three-digit country code for the telephone number of the FAX machine of the preferred mailing address.
FAX Number: Area/City Code	The three-digit area code (for domestic addresses) or city code (foreign addresses) of the telephone number of the FAX machine of the preferred mailing address.

<i>FAX Number: FAX Number</i>	The telephone number of the FAX machine of the preferred mailing address.
<i>E-mail Address</i>	An electronic mail address for the preferred mailing address.

Figure 7:

SECTION 3 OPTIONAL: PREFERRED MAILING ADDRESS INFORMATION

COMPLETE THIS SECTION ONLY IF DIFFERENT FROM SECTION 2, FACILITY NAME/ADDRESS INFORMATION.

***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.

>> AutoFill Address

>> Clear

Autofill Address will fill the address fields automatically using data in Section 3 from the last registration entered

***NAME

***COUNTRY/AREA

***ADDRESS, Line1

ADDRESS, Line2

***ZIP CODE (POSTAL CODE)

***CITY

***STATE/PROVINCE/TERRITORY

[Click here to select a 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
	(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	<input type="text"/>	<input type="text"/>	<input type="text"/>

E-MAIL ADDRESS

<< Back to Step 01

>> Continue

<< Cancel & Start Again From Section 1

Register a Shell Egg Facility -- Step 3_

Section 4 - Seasonal Facility Dates of Operation

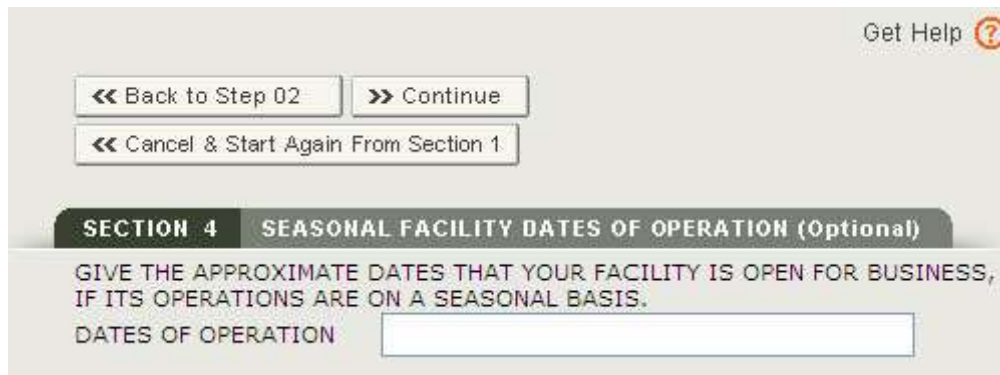
This section is optional.

Dates of Operation refers to the months during which the facility is open for business. If this facility operates on a seasonal basis, you may choose to complete this section (Figure 8). You might enter, for example, March -- September.

Fields Included in this Section

Dates of Operation	The approximate months during which the facility operates, if it operates on a seasonal basis.
---------------------------	--

Figure 8:



Section 5 - Size of Operation

This section is required.

Enter the average number of layers in each poultry house and the number of poultry houses on the farm. The system will calculate the total number of layers (Figure 9).

Fields Included in this Section

Average or Usual Number of Layers in Each Poultry House	The average or usual number of layers in each poultry house.
Number of Poultry Houses on the Farm	The total number of poultry houses on the farm.
Total Number of Layers	The total number of layers is calculated by the system and is equal to the average number of layers in each poultry house multiplied by the number of poultry houses on the farm.

Figure 9:

SECTION 5 SIZE OF OPERATION

***These fields are required.**

*AVERAGE OR USUAL NUMBER OF LAYERS IN EACH POULTRY HOUSE

*NUMBER OF POULTRY HOUSES ON THE FARM

TOTAL NUMBER OF LAYERS: **3000**

Register a Shell Egg Facility -- Step 4

Section 6 - Owner or Operator Information

This section is required.

Enter information on the owner or operator of the facility. If the contact information for the owner or operator is the same as that in another section of the form, choose the circle corresponding to that section; otherwise enter the information as requested (Figure 10).

<p>*Name of Entity or Individual who is the Owner or Operator</p>	<p>The name of the person or entity who is the owner or operator of the facility being registered.</p>
<p><i>If information is the same as another section of the form, check which section</i></p>	<p>Specifies whether the owner or operator address information is identical to previously entered information. If you choose one of these and decide the information is not what you wanted, you may choose Clear to undo and fill in the correct information manually.</p> <ul style="list-style-type: none"> • Choose Section 2 if the owner or operator address information is the same as the facility address information entered in Section 2: Facility Name / Address Information. - or - • Choose Section 3 if the owner or operator address information is the same as the preferred mailing address information entered in Section 3: Preferred Mailing Address Information. - or - • Choose Clear if you need to clear Section 6
<p>*Street Address</p>	<p>The address of the owner or operator of the facility being registered. This can be a physical/geographical location or other mailing address.</p>
<p>*City</p>	<p>The city in which the owner or operator of the facility being registered is located.</p>
<p>*Country/Area</p>	<p>The country/area in which the owner or operator of the facility being registered is located.</p>

*State/Province/Territory	The state, province, or territory in which the owner or operator of the facility being registered is located. Select a state, province, or territory from the pull-down menu when applicable or select "Not applicable."
*Zip Code (Postal Code)	The zip code (for domestic addresses) or postal code (for foreign addresses) for the owner or operator of the facility being registered.
Phone Number: Country Code	For foreign addresses, the three-digit country code of the telephone number for the owner or operator of the facility being registered.
*Phone Number: Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the owner or operator of the facility being registered.
*Phone Number: Phone Number	The telephone number for the owner or operator of the facility being registered.
Phone Number: Extension	The telephone extension, if any, dialed after the telephone number, for the owner or operator of the facility being registered.
FAX Number: Country Code	For foreign addresses, the three-digit country code for the telephone number of the FAX machine of the owner or operator of the facility being registered.
FAX Number: Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) for the telephone number of the FAX machine of the owner or operator of the facility being registered.
FAX Number: FAX Number	The telephone number of the FAX machine for the owner or operator of the facility being registered.
E-mail Address	An electronic mail address for the owner or operator of the facility being registered.

Figure 10:

SECTION 6 OWNER OR OPERATOR INFORMATION

***These fields are required.**

*NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER OR OPERATOR

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** or
 Section 3 - Preferred Mailing Address Information

*COUNTRY/AREA

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

EMAIL

Section 7 - Certification Statement

This section is required.

Enter information about yourself as the submitter of this registration, and the person who authorized submission of this registration, and certify its truth and accuracy (Figure 11). Once you have completed this section, you will be given the opportunity to review your registration and make any changes before submitting it for processing.

Fields Included in this Section

Fields marked with an asterisk (*) are mandatory.

Fields marked with two asterisks (**) are mandatory only if the section applies.

*Name of the Submitter	The first name and last name (surname) of the person submitting this form.
Check One Box	Specify whether the owner or operator of the facility, or an individual authorized by the owner or operator of the facility, is submitting this form. Choose: <ul style="list-style-type: none"> • A. Owner or Operator (Stop here, form is completed) <p>- or -</p> <ul style="list-style-type: none"> • B. Individual Authorized to Submit the Registration (Fill in address below)
Indicate who authorized you to submit the registration	If you checked box B above (Individual Authorized to Submit the Registration) because you are not the owner or operator, you need to identify the person who authorized you to submit this registration. Choose: <ul style="list-style-type: none"> • Owner or Operator (Stop here, form is completed) <p>- or -</p> <ul style="list-style-type: none"> • Fill in the name of individual who authorized registration on behalf of owner or operator.(Fill in address below).
**Authorizing Individual Street Address	The address of the person who authorized you to submit this form, if applicable. This can be a physical/geographical location or other mailing address.
**City	The city in which the authorizing individual is located.
**State/Province/Territory	The state, province, or territory where the authorizing individual is located. Select a state, province, or territory from the pull-down menu when applicable or select "Not applicable."
**Zip Code (Postal Code)	The zip code (for domestic addresses) or postal code (for foreign addresses) where the authorizing individual is located.
**Country/Area	The country/area where the authorizing individual is located.
**Phone Number: Country Code	For foreign addresses, the three-digit country code of the telephone number for the authorizing individual.
**Phone Number: Area/City Code	The three-digit area code (for domestic addresses) or city code (foreign addresses) of the telephone number for the authorizing individual.
**Phone Number: Phone Number	The telephone number for the authorizing individual.

<i>Phone Number: Extension</i>	The telephone extension, if any, dialed after the telephone number, for the authorizing individual.
<i>FAX Number: Country Code</i>	For foreign addresses, the three-digit country code for the telephone number of the FAX machine of the authorizing individual.
<i>FAX Number: Area/City Code</i>	The three-digit area code (for domestic addresses) or city code (for foreign addresses) for the telephone number of the FAX machine of the authorizing individual.
<i>FAX Number: FAX Number</i>	The telephone number of the FAX machine of the authorizing individual.
<i>E-mail Address</i>	The electronic mail address of the authorizing individual.

Figure 11:

SECTION 7 CERTIFICATION STATEMENT

The owner or operator of the facility, or an individual authorized by the owner or operator 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 or operator of the facility certifies that the above information is true and accurate. An individual (other than the owner or operator 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 or operator 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.

I have read and understand the above statement

***These fields are required.**

PRINT NAME OF THE SUBMITTER

CHECK ONE BOX

- A.OWNER OR OPERATOR (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 OR OPERATOR (STOP HERE, FORM IS COMPLETED)

NAME OF INDIVIDUAL WHO

AUTHORIZED REGISTRATION ON BEHALF OF OWNER OR OPERATOR (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****[Click here to select a 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
(e.g.033)	(e.g.101)	(e.g.5551111)	(e.g.1111)

****PHONE NUMBER**

	Country Code	Area/City Code	Fax Number
	(e.g.033)	(e.g.101)	(e.g.5551111)
FAX NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>		
<input type="button" value=" << Back to Step 03"/>		<input type="button" value=" >> Continue"/>	
<input type="button" value=" << Cancel & Start Again From Section 1"/>			

Register a Shell Egg Facility -- Step 5

Registration Review

Review your registration before submitting it for processing. (Figure 12, partial view) Selecting the EDIT button for a section brings up the corresponding data entry screen, from which you can edit and save changes.

Select Submit to submit the registration.

Note: The Facility Location under Section 1: Type of Registration (in which you indicate whether this is a domestic or foreign facility) cannot be changed at this point. If you wish to change the Facility Location, you must cancel this registration and begin a new registration.

Figure 12:

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: 02/23/2011 11:00:55

SECTION 1 TYPE OF REGISTRATION

EDIT

1a. DOMESTIC REGISTRATION

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

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

1c. Previous owner's name:

Previous owner's registration number:

SECTION 2 FACILITY NAME / ADDRESS INFORMATION

EDIT

FACILITY NAME: Test

FACILITY STREET ADDRESS, Line 1: 123 Main Street

FACILITY STREET ADDRESS, Line 2: 100

CITY: Rockville

STATE/PROVINCE/TERRITORY: Maryland

ZIP CODE (POSTAL CODE): 20852

COUNTRY/AREA: United States

PHONE NUMBER (Include Area/Country Code): 301 5551111 1111

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS: test@test.com

SECTION 3 PREFERRED MAILING ADDRESS INFORMATION (Optional)

EDIT

(COMPLETE THIS SECTION ONLY IF DIFFERENT FROM SECTION 2, FACILITY NAME/ADDRESS INFORMATION)

NAME :

ADDRESS, Line1:

ADDRESS, Line2:

CITY :

STATE/PROVINCE/TERRITORY:

ZIP CODE (POSTAL CODE):

COUNTRY/AREA:

PHONE NUMBER (Include Area/Country Code):

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS:

SECTION 4 SEASONAL FACILITY DATES OF OPERATION (Optional)

EDIT

(GIVE THE APPROXIMATE DATES THAT YOUR FACILITY IS OPEN FOR BUSINESS, IF ITS OPERATIONS ARE ON A SEASONAL BASIS.)

DATES OF OPERATION:

SECTION 5 SIZE OF OPERATION

EDIT

(GIVE THE AVERAGE NUMBER OF LAYING HENS PER HOUSE & TOTAL NUMBER OF POULTRY HOUSES ON THE FARM.)

AVERAGE OR USUAL NUMBER OF LAYERS IN EACH POULTRY HOUSE: 3000

NUMBER OF POULTRY HOUSES ON THE FARM: 1

TOTAL NUMBER OF LAYERS: 3000

SECTION 6 OWNER, OR OPERATOR

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

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR: John Smith

STREET ADDRESS, Line 1: 123 Main Street

STREET ADDRESS, Line 2: 100

CITY: Rockville

STATE/PROVINCE/TERRITORY: Maryland

ZIP CODE (POSTAL CODE): 20852

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 301 5551111

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

E-MAIL ADDRESS (OPTIONAL): test@test.com

SECTION 7 CERTIFICATION STATEMENT

EDIT

The owner or operator of the facility, or an individual authorized by the owner or operator 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 or operator of the facility certifies that the above information is true and accurate. An individual (other than the owner or operator 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 or operator 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 FORM: Marry

CHECK ONE BOX

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

NAME OF INDIVIDUAL WHO AUTHORIZED REGISTRATION ON BEHALF OF OWNER OR OPERATOR (FILL IN ADDRESS BELOW)

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL:

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1:

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2:

CITY:

STATE/PROVINCE/TERRITORY:

ZIP CODE (POSTAL CODE):

COUNTRY/AREA:

PHONE NUMBER (Include Area/Country Code):

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS:

Register a Shell Egg Facility -- Success Screen

Registration Successful

A message indicates that your registration was submitted successfully, and your Registration Number is displayed (Figure 13). Record this number for your records.

To view the entire registration in its final form, select View Complete Registration. To return to the Main Menu, select Back to Main.

Fields Included in this Section

Registration Number	The number assigned by FDA to this facility's registration.
----------------------------	---

Figure 13:



Register a Shell Egg Facility -- View Completed Registration

View the complete registration in its final form (Figure 14). Using the buttons at the bottom of the screen, you can print a copy of the registration for your records. Or, you can return to the SEPRM Main Menu to enter another registration or complete other registration tasks.

Note: The registration number is displayed at the top of the registration form.

Figure 14:

[« Back to Main](#)[» Print Registration](#)

Date: 02/23/2011 11:07:38

SECTION 1 TYPE OF REGISTRATION

1a. DOMESTIC REGISTRATION

1b. INITIAL REGISTRATION : 22064114144

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

1c. Previous owner's name:

Previous owner's registration number:

SECTION 2 FACILITY NAME / ADDRESS INFORMATION

FACILITY NAME: Test

FACILITY STREET ADDRESS, Line 1: 123 Main Street

FACILITY STREET ADDRESS, Line 2: 100

CITY: Rockville

STATE/PROVINCE/TERRITORY: Maryland

ZIP CODE (POSTAL CODE): 20852

COUNTRY/AREA: United States

PHONE NUMBER (Including Area & Country Code, if applicable): 301 5551111 1111

FAX NUMBER (Including Area & Country Code, if applicable):

E-MAIL ADDRESS: test@test.com

SECTION 3 PREFERRED MAILING ADDRESS INFORMATION (Optional)

(COMPLETE THIS SECTION ONLY IF DIFFERENT FROM SECTION 2, FACILITY NAME/ADDRESS INFORMATION)

NAME :

ADDRESS, Line1:

ADDRESS, Line2:

CITY :

STATE/PROVINCE/TERRITORY:

ZIP CODE (POSTAL CODE):

COUNTRY/AREA:

PHONE NUMBER (Including Area & Country Code, if applicable):

FAX NUMBER (Including Area & Country Code, if applicable):

E-MAIL ADDRESS:

SECTION 4 SEASONAL FACILITY DATES OF OPERATION (Optional)

(GIVE THE APPROXIMATE DATES THAT YOUR FACILITY IS OPEN FOR BUSINESS, IF ITS OPERATIONS ARE ON A SEASONAL BASIS.)

DATES OF OPERATION:

SECTION 5 SIZE OF OPERATION

(GIVE THE AVERAGE NUMBER OF LAYING HENS PER HOUSE & TOTAL NUMBER OF POULTRY HOUSES ON THE FARM.)

AVERAGE OR USUAL NUMBER OF LAYERS IN EACH POULTRY HOUSE: 3000

NUMBER OF POULTRY HOUSES ON THE FARM: 1

TOTAL NUMBER OF LAYERS: 3000

SECTION 6 OWNER OR OPERATOR

PROVIDE THE FOLLOWING INFORMATION, IF DIFFERENT FROM ALL OTHER SECTIONS ON THE FORM, IF

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

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER OR OPERATOR: John Smith

STREET ADDRESS, Line 1: 123 Main Street

STREET ADDRESS, Line 2: 100

CITY: Rockville

STATE/PROVINCE/TERRITORY: Maryland

ZIP CODE (POSTAL CODE): 20852

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 301 5551111

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

E-MAIL ADDRESS (OPTIONAL): test@test.com

SECTION 7 CERTIFICATION STATEMENT

The owner or operator of the facility, or an individual authorized by the owner or operator 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 or operator of the facility certifies that the above information is true and accurate. An individual (other than the owner or operator 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 or operator 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 FORM: Mary

CHECK ONE BOX

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

NAME OF INDIVIDUAL WHO AUTHORIZED REGISTRATION ON BEHALF OF OWNER OR OPERATOR (FILL IN ADDRESS BELOW)

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL:

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line 1:

CITY:

STATE/PROVINCE/TERRITORY:

ZIP CODE (POSTAL CODE):

COUNTRY/AREA:

PHONE NUMBER (including country & area code (if applicable):

FAX NUMBER (including country & area code (if applicable):

E-MAIL ADDRESS:

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