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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 it	em 2.		.a _ copies to the address in the	-ppg.		55py 51 4.15 55.1.1	protou region anon to ano	
	"original" box to indicate first til bmitting an update, please spec		tion or check the "update" box for stration number.)	any chan	ges to original form and highligh	nt the changed ir	nformation.	
	ORIGINAL		UPDATE	REGISTRATION NO.				
2. NAME AN	D MAILING ADDRESS OF RE	GISTRANT	(Include Zip Code)	2a. Ph	YSICAL ADDRESS OF REGIS	TRANT (Include	Zip Code) (if different from # 2.)	
PHONE:				E-MAIL	:			
	ORGANIZATION (Check or NDIVIDUALLY OWNED NCORPORATED	specify)	LIMITED LIABILITY CORPORATION		COOPERATIVE ASSOCIATION			
4. NATURE (DF BUSINESS (Check all that MEAT OR MEAT PRODUCTS	apply)	PARTNERSHIP POULTRY OR POULTRY PRODUCTS		SILURIFORMES FISH OR SILURIFORMES FISH PRODUCTS			
		, or impor	IMPORT BROKER WHOLESALER ting any dead, dying, disabled		RENDERER SILURIFORMES FISH FARM/POND ased amendable species or	r parts of the c	ANIMAL FOOD MANUFACTURER SILURIFORMES FISH TRANSPORTER arcasses	
6. Address	(es) of subsidiaries, branche	s, or divis	ed otherwise than by slaughte sions of your organization whi your organization's. (<i>If none</i> , s	ch enga	ge in business of the type id	entified in Iten	n 4.	
HONE:		E-MAIL:		HOU	RS OF OPERATION			
	If you make any changes es within 15 days to address		nes, including trade names, or right corner.	addres	ses of the place or places w	here you do bi	usiness, report	
TYPED OR PRINTED NAME 8. TITLE 8. TITLE		CERTIFICATIO	N BY FIRM OFFICIAL 9. SIGNATURE		10. DATE			
NOTICE OF REGISTRATION BY USDA (COMPLETED BY USDA OFFICIAL)								
. REGISTRA	REGISTRATION NO. b. DATE OF REGISTRATION			c. TIT	c. TITLE OF USDA OFFICIAL d. SIGNATURE 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.