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Food Facility Registration User Guide: Update Registration

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Online Registration of Food Facilities

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Regulated Product(s)
Food & Beverages

FCE (Choose, Simplified)

Online Registration of Food Facilities

Step 1 Select the registration you want to update

Step 2 Indicate which section of the registration you want to update

Step 3 Update the Facility Information

Step 4 Review the Registration

Once you are logged in to FDA Industry Systems/your Online Account Administration (OAA) account, choose the "Food Facility Registration" (FFR) system. Next, choose the "Update Facility Registration" option from the FFR main menu (Figure 1).

Figure 1

Step 1 - Select the registration you want to update

The system displays a list of all the registrations associated with the account (Figure 2). To choose a particular registration, select the hyperlinked Registration Number to view options for updating that registration.

If you are the main account holder (i.e., the Enterprise account), this list includes all the registrations created by your Subaccounts. If you are a Subaccount holder, this list only includes the registrations that are linked to the Subaccount.

Note: You will also be asked for Broker Identification questions if you are updating a registration that did not have this information captured when the registration was created. These questions will identify whether your facility needs to be registered (see the Registration of Food Facilities user guide for information).

Figure 2

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Step 2 - Indicate which section of the registration you want to update

Sections that may be updated have an "Edit" button displayed on the registration review screen (Figure 3). Certain elements of the registration form are optional; updating those optional items is not required but is strongly encouraged if necessary. To modify the PIN for this registration choose the "Modify PIN" link under Section 1.

Note: The Facility Location information (which indicates whether the registration is a domestic or foreign facility) cannot be updated. If you wish to change the Facility Location information, you must create a brand new registration after cancelling the existing registration through the Cancel Registration main menu option.

Figure 3

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Step 3 - Update the Facility Information

Section 2 -- Facility Name / Address Information

Update the facility name/address information.

Fields Included in this Section

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 addresses, 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 addresses, 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.
FAX Number: Country Code	For foreign addresses, the three-digit country code of the telephone number of the FAX machine for the facility being registered.
FAX Number: Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number of the FAX machine for the facility being registered.
FAX Number: FAX Number	The telephone number of the FAX machine for the facility being registered.
E-mail Address	An electronic mail address for the facility being registered.
AutoFill from Account Information	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 to autofill but decide the information is not what you wanted, you may clear and enter 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/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 addresses, 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 addresses, the three-digit country code for the telephone number of the FAX machine for 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 for the preferred mailing address.
FAX Number: FAX Number	The telephone number of the FAX machine for the preferred mailing address.
E-mail Address	An electronic mail address for the preferred mailing address.

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Section 3 -- Preferred Mailing Address Information

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

Fields Included in this Section

Section 4 -- Parent Company Name / Address Information

Update the Parent Company Name / Address Information. The company that owns the facility being registered is referred to as the Parent Company. If the Facility and the Parent Company have different names, you must complete this section; if they have the same name, leave this section blank. The Facility Address and the Parent Company Address do not need to be in the same country/area.

Fields Included in this Section

If information is the same as another section, check which section	Specifies whether the parent company name/address information is identical to previously entered information. If you choose an option but decide the information is not what you wanted, you may clear and enter the correct information manually. Choose Section 2 if the parent company name/address is the same as the facility name/address information entered in Section 2: Facility Name / Address Information. - or - Choose Section 3 if the parent company name/address 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 4
AutoFill from Account Information	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 to autofill but decide the information is not what you wanted, you may clear and enter the correct information manually.
Company Name	The name of the company that owns the facility being registered, if different from the Facility Name.
Street Address	The address of the parent company. This can be a physical/geographical location or other mailing address.
City	The city in which the parent company is located.
Country/Area	The country/area in which the parent company is located.
State/Province/Territory	The state, province, or territory in which the parent company 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 parent company.
Phone Number: Country Code	For foreign addresses, the three-digit country code for the parent company.
Phone Number: Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) for the parent company.
Phone Number: Phone Number	The telephone number for the parent company.
Phone Number: Extension	The telephone extension, if any, dialed after the telephone number, for the parent company.
FAX Number: Country Code	For foreign addresses, the three-digit country code of the telephone number of the FAX machine for the parent company.
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 for the parent company.
FAX Number: FAX Number	The telephone number of the FAX machine for the parent company.
E-mail Address	An electronic mail address for the parent company.

Section 5 -- Facility Emergency Contact Information

Update the Facility Emergency Contact Information. FDA will use this information in case of emergency to notify the facility of the nature of the emergency. Unless foreign facilities choose to designate another emergency contact, FDA will use their U.S. agent as the emergency contact.

Fields Included in this Section

AutoFill from Account Information	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 to autofill but decide the information is not what you wanted, you may clear and enter the correct information manually.
Individual's Name	The first name and last name (surname) of the person to contact in case of emergency for the facility being registered.
Title	The job title for the emergency contact.
Emergency Contact Phone: Country Code	For foreign registrations, the three-digit country code for the telephone number of the person or entity that FDA can call 24 hours a day, 7 days a week, in case of emergency.
Emergency Contact Phone: Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses)for the telephone number of the person or entity that FDA can call 24 hours a day, 7 days a week, in case of emergency.
Emergency Contact Phone: Phone Number	The telephone number of the person or entity that FDA can call 24 hours a day, 7 days a week, in case of emergency.
Emergency Contact Phone: Extension	The telephone extension, if any, dialed after the telephone number of the person or entity that FDA can call 24 hours a day, 7 days a week, in case of emergency.
E-mail Address	The electronic mail address for the emergency contact.

Section 6 -- Trade Names

If this facility conducts business under a name other than that entered in Section 2: Facility Name / Address Information, then complete this section. For example, complete this section if you describe your facility as "also doing business as ..." or "facility also known as ..."

Fields Included in this Section

Alternate Trade Name
A trade name other than that listed in Section 2: Facility Name / Address Information.

Section 7 -- United States Agent

Foreign facilities may update information about the United States Agent for the facility being registered. Every foreign facility must have a U.S. Agent who acts as the domestic communications representative for that facility. If you indicated in Section 1: Type of Registration, that the facility being registered is a foreign facility, you are required to enter information about the U.S. Agent. Domestic facilities do not require a U.S. Agent.

Note: The U.S. Agent should not be confused with the Agent in Charge, which is another type of submitter for either domestic or foreign facilities.

Fields Included in this Section

AutoFill from Account Information	If this is the first facility registration entered by this account holder this session, no data will be entered. Otherwise, this option will fill the address fields automatically using data in this section from the last registration entered this session. If you choose to autofill but decide the information is not what you wanted, you may clear and enter the correct information manually.
Please select (Yes) if new U.S. Agent is being reassigned	Choose one of the following two options: Yes. Registration number and PIN will be mailed to your new U.S. Agent. - or - No. Continue updating this section
Name of U. S. Agent	The first name and last name (surname) of the person acting as U. S. Agent for the foreign facility being registered.
Title	The job title of the U. S. Agent.
Address	The U. S. address of the U. S. Agent.
City	The city in which the U. S. address of the U.S. Agent is located.
State	The state in which the U. S. address of the U.S. Agent is located.
Zip Code	The zip code for the U. S. address of the U. S. Agent.
U. S. Agent Phone Number: Area Code	The three-digit area code of the telephone number for the U. S. Agent.
U. S. Agent Phone Number: Phone Number	The telephone number for the U. S. Agent.
U. S. Agent Phone Number: Extension	The telephone extension, if any, dialed after the telephone number, for the U. S. Agent.
Emergency Contact Phone Number: Area Code	The three-digit area code of the telephone number for the U. S. Agent that FDA can call 24 hours a day, 7 days a week, in case of emergency.
Emergency Contact Phone Number: Phone Number	The telephone number for the U. S. Agent that FDA can call 24 hours a day, 7 days a week, in case of emergency.
Emergency Contact Phone Number: Extension	The telephone extension, if any, dialed after the telephone number for the U. S. Agent that FDA can call 24 hours a day, 7 days a week, in case of emergency.
FAX Number: Area Code	The three-digit area code of the telephone number of the FAX machine for the U. S. Agent.
FAX Number: FAX Number	The telephone number of the FAX machine of the U. S. Agent.
E-mail Address	The electronic mail address for the U. S. Agent.

Section 8 -- Seasonal Facility Dates of Operation

Dates of operation refer 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. 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.

Section 9 -- General Product Categories - Human/Animal/Both

Based on your facility's activities, you may choose Food for Human Consumption and/or Food for Animal Consumption.

Section 9(a/b) -- General Product Categories – Food for Human/Animal/Both Consumption; and Type of Activity Conducted at the Facility

All facilities being registered must complete this information. Select as many categories as appropriate.

Note: For more information about each of the categories included in Sections 9a and 9b, see the Product Code Builder and the relevant regulation (21 CFR 170.3).

Section 10 -- Owner, Operator, or Agent in Charge Information

If the contact information for the owner, operator, or agent in charge is the same as that in another section of the form, select the appropriate option for that section; otherwise enter the information as requested.

Name of Entity or Individual who is the Owner, Operator, or Agent in Charge	The name of the person or entity who is the owner, operator, or agent in charge of the facility being registered.
If information is the same as another section of the form, check which section	Specifies whether the Owner, Operator, or Agent in Charge 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 clear and enter the correct information manually. Choose Section 2 if the owner, operator, or agent in charge 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, operator, or agent in charge address information is the same as the preferred mailing address information entered in Section 3: Preferred Mailing Address Information. - or - Choose Section 4 if the owner, operator, or agent in charge address information is the same as the Parent Company address information entered in Section 4: Parent Company Name / Address Information. - or - Choose Section 7 if the owner, operator, or agent in charge address information is the same as the U. S. Agent address information entered in Section 7: United States Agent. - or - Choose Clear if you need to clear Section 10
Street Address	The address of the owner, operator, or agent in charge of the facility being registered. This can be a physical/geographical location or other mailing address.
City	The city in which the owner, operator, or agent in charge of the facility being registered is located.
Country/Area	The country/area in which the owner, operator, or agent in charge of the facility being registered is located.
State/Province/Territory	The state, province, or territory in which the owner, operator, or agent in charge 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, operator, or agent in charge of the facility being registered.
Phone Number: Country Code	For foreign addresses, the three-digit country code for the owner, operator, or agent in charge of the facility being registered.
Phone Number: Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) for the owner, operator, or agent in charge of the facility being registered.
Phone Number: Phone Number	The telephone number for the owner, operator, or agent in charge of the facility being registered.
Phone Number: Extension	The telephone extension, if any, dialed after the telephone number, for the owner, operator, or agent in charge 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, operator, or agent in charge 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, operator, or agent in charge of the facility being registered.
FAX Number: FAX Number	The telephone number of the FAX machine for the owner, operator, or agent in charge of the facility being registered.
E-mail Address	An electronic mail address for the owner, operator, or agent in charge of the facility being registered.

Section 11 -- Inspection Statement

Acknowledge that the FDA will be permitted to inspect the facility in the manner permitted by the Federal Food, Drug and Cosmetics Act.

Section 12 -- Certification Statement

After making other changes to the registration, you may update information about yourself as the submitter of this registration or the person who authorized submission of this registration, and certify its truth and accuracy. 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.

The owner, operator, or agent in charge of the facility, or an individual authorized by the owner, operator, or agent in charge of the facility, must submit this form. By submitting this form to FDA, the owner, operator, or agent in charge or the individual authorized by the owner, operator, or agent in charge, certifies that the information submitted is true and accurate and that the facility has authorized the submitter to register on its behalf. 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.

Fields Included in this Section

Name of the Submitter	The first name and last name (surname) of the person submitting this form.
Check One Box	Specify whether the owner, operator, or agent in charge of the facility, or an individual authorized by the owner, operator, or agent in charge of the facility, is submitting this form. Choose: Owner, Operator, or Agent in Charge (Stop here, form is completed) - or - 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, operator, or agent in charge, you need to indicate the person who authorized you to submit this registration. Choose: Owner, Operator, or Agent in Charge (Stop here, form is completed) - or - Fill in the name of individual who authorized registration on behalf of owner, operator, or agent in charge (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/Postal Code	The zip code (for domestic registrations) or postal code (for foreign registrations) 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.
Phone Number: Extension	The telephone extension, if any, dialed after the telephone number, for the authorizing individual.
FAX Number: Country Code	For foreign addresses, the three-digit country code for the telephone number of the FAX machine of the authorizing individual.
FAX Number: Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the FAX machine of the authorizing individual.
FAX Number: FAX Number	The telephone number of the FAX machine of the authorizing individual.
E-mail Address	The electronic mail address of the authorizing individual.

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Step 4 - Review the Registration

If all the information is correct after review, select Submit. You may also select Cancel to leave the Update process, but note that any changes made will be lost. The system displays that your registration was successfully updated.

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