DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

User Fee Payment Transfer Request

Form Approved: OMB No. 0910-0805
Expiration Date: November 30, 2024
See PRA Statement on page 3.

Section A: Payment Information

1. Date of Request *(mm/dd/yyyy)*

2. Payment Amount	3. Payment Reference Number
4. Transfer Funds From	5. Transfer Funds To
6. Transfer Amount	

7. Transfer Reason *(Please explain)*

Section B: Contact Information

8. Organization Name

9. Organization Address

Address 1 *(Street address. No P.O. Boxes allowed)*

Address 2 *(Apartment, suite, unit, building, floor, etc.)*

City	State/Province/Region
Country	ZIP or Postal Code

10. Contact Name	11. Contact Title/Position
12. Contact Phone Number *(Include area code)*	13. Contact Email Address

14. **ACKNOWLEDGEMENT: By signing this document I acknowledge that I am the official listed on this form, authorized to execute this request on behalf of my organization. Any questions regarding this request can be directed to me via the contact information provided.**

15. Signature	Date of Signature *(mm/dd/yyyy)*

To enable the signature field, please fill out all prior required fields. For a list of required fields which have not yet been filled out, please click here.

Section C: FDA Acknowledgement

16. FDA Received Date *(mm/dd/yyyy)*	17. Center Decision ☐ Approved ☐ Denied
18. If Denied, State Reason	
19. Decision Date *(mm/dd/yyyy)*	20. Center Contact Name

(FDA Acknowledgement continued, next page)

Section C: FDA Acknowledgement *(Continued)*

OFM Use Only		
21. Request Executed? ☐ Yes ☐ No	22. If No, State Reason	
23. Final Action ☐ Completed – Transferred ☐ Completed – Not Transferred		24. Date of Final Action *(mm/dd/yyyy)*
25. OFM Contact Name		

Instructions for Completing User Fee Payment Transfer Request – Form FDA 3914

Form FDA 3914 is to be completed online at http://www.fda.gov/forindustry/userfees/default.htm and is to be used when requesting the transfer of user fee payments received by the FDA. If you need assistance in completing the form contact the User Fee Helpdesk via phone at (301) 796-7200 or email userfees@fda.gov.

Section A: Payment Information

1. **Date of Request:** Enter calendar date the form is being completed.
2. **Payment Amount:** Enter the amount (in U.S. Dollars) of the original payment.
3. **Payment Reference Number:** If payment was remitted via check, money order or bank draft, enter the check or money order number; if made electronically via Automated Clearing House (ACH) or credit card, enter the confirmation number; if made via wire transfer, enter the trace or Input Message Accountability Data (IMAD) number.
4. **Transfer Funds From:** Enter the Payment Identification Number (PIN) or invoice number where payment is coming from.
5. **Transfer Funds To:** Enter the PIN or invoice number where payment is to be applied.
6. **Transfer Amount:** Enter the amount (in U.S. Dollars) that is to be transferred.
7. **Transfer Reason:** Provide a brief description of why funds are being transferred.

Section B: Contact Information

8. **Organization Name:** This is name of the organization listed on the cover sheet or invoice. Entry should match both old and new cover sheets or invoices as listed in items 4 and 5.
9. **Organization Address:** Enter the following elements of the organization address.

   Address 1 – Enter organization's physical street address. *No P.O. Boxes are allowed.*

   Address 2 – As needed, enter apartment, suite, unit, building, floor, etc.

   City – Enter the city where organization is located.

   State/Province/Region – Enter the state, province or region where organization is located.

   Country – Enter country where organization is located.

   ZIP or Postal Code – Enter zip code or postal code of the organization's location.
10. **Contact Name:** Enter the name of the person requesting the transfer.
11. **Contact Title/Position:** Enter the position/title of the person requesting the transfer.
12. **Contact Phone Number:** Enter the phone number of the person requesting the transfer.
13. **Contact Email Address:** Enter the email address of the person requesting the transfer.
14. **Acknowledgement:** Review acknowledgment, confirming that you are the authorized representative listed on this form and have provided valid contact information in the event that there are questions pertaining to the request.
15. **Signature**: Place signature of listed authorizing official here.

    Date of Signature – Date document is signed by authorizing official.

Section C: FDA Acknowledgement

This section is for FDA use only. An FDA representative will fill out the following items:

16. **FDA Received Date:** Enter date that request was received by FDA.

Instructions *(Continued)*

17. **Center Decision:** Check appropriate box, indicating if request was approved or denied.
18. **If Denied, State Reason:** If response to field 17 was “Denied”, provide reason.
19. **Decision Date:** Enter date decision was made.
20. **Center Contact Name:** Enter name of the Center’s action officer.
21. **Request Executed:** Check the appropriate box, indicating if request was executed.
22. **If No, State Reason:** If response to field 21 was “No”, provide reason.
23. **Final Action:** Check the appropriate box, indicating if request was transferred or not transferred.
24. **Date of Final Action:** Enter date that final action was taken on request.
25. **OFM Contact Name:** Enter name of the OFM action officer.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 0.25 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Operations
Paperwork Reduction Act (PRA) Staff
PRAStaff@fda.hhs.gov

“An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number.”