U.S. Department of Health and Human Services
Food and Drug Administration
Export Certification Inquiry

OMB Control Number: 0910-0793
Expiration Date: Month XX, XXXX
See Final Page for OMB PRA Statement

First Name

Last Name

Company Name

Email

Confirm email

Select the option best related to your inquiry:

1. **Existing Application** (help text: "e.g., you are inquiring about an eCATs, CAP, or ELM application that has been returned for action, deleted, or rejected, or inquiring about status)
2. **IT Issue** (e.g., username/password issues, password reset, account info/linking (ELM only))
3. **General Export Certification Information** (e.g., questions about types of FDA certifications, other general food export information)
4. **Other** (e.g., any other inquiry not covered by the other categories)

- **Existing Application** (help text: "e.g., you are inquiring about an eCATs, CAP, or ELM application that has been returned for action, deleted, or rejected, or inquiring about status)

  Application type * (Options: (1) ELM, (2) eCATs – CFG, COE, (3) CAP – COFS and Cosmetics)

  Export Destination * (China, EU, Chile first, remaining in alphabetical order)

  FIS User ID *

  Application Number *

  Product Type *

  Briefly Describe Your Question/Issue: *

  Send

- **IT Issue** (e.g., username/password issues, password reset, account info/linking (ELM only))

  IT System * (Options: eCATs, ELM, CAP, N/A)

  Export Destination

  Stakeholder Type *

  Product Type

  Briefly Describe Your Question/Issue: *

Send

- **General Export Certification Information** (e.g., questions about types of FDA certifications, other general food export information)

Export Destination *

Stakeholder Type *

Product Type *

Briefly Describe Your Question/Issue: *

Send

- **Other** (e.g., any other inquiry not covered by the other categories)

Stakeholder Type *

Briefly Describe Your Question/Issue: *

Send

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Paperwork Reduction Act Statement

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 hour 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 Chief Information Officer
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."