

U.S. Food and Drug Administration
Export Listing Module (ELM)
Screenshots for OMB Approval
<https://www.access.fda.gov/>

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Figure 1: Identification of Food Facility

 U.S. Department of Health and Human Services

FURLS HOME



ELM

Export Listing Module

?

Enter New Application

ELM Home > Enter New Application > Business Information

ELM Home

Enter New Application

Business Information

Country/Product Information

Review

Signature

Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.

Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.

Please select one of the following options to identify the Manufacturer:

☐ FFR Registration

☐ FEI Number

☐ DUNS Number

< Previous

Next >

Figure 1: FFR selection

Business Information	Country/Product Information	Review	Signature
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Type of Facility

Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.

Please select one of the following options to identify the Manufacturer:

☒ FFR Registration

☐ FEI Number

☐ DUNS Number

Food Facility Registration Information

Please enter the Food Facility Registration Number and PIN for the manufacturing facility. If you represent the manufacturing facility, you may access information for your registered food facilities by logging into the Food Facility Registration Module from the FURLS home page. If you do not represent the manufacturing facility, you may wish to contact the facility to request this information.

If you have any questions, you may contact the FDA Industry Systems [Help Desk](#).

FFR Registration Number

FFR PIN Number

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Next →

Figure 2: FEI selection

Business Information	Country/Product Information	Review	Signature
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Type of Facility

Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.

Please select one of the following options to identify the Manufacturer:

☐ FFR Registration

☒ FEI Number

☐ DUNS Number

FEI Number

FEI Number

< Previous

Next >

Figure 3: DUNS selection

Business Information	Country/Product Information	Review	Signature
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Type of Facility

Facilities that manufacture, process, pack, or hold food for consumption in the U.S. must be registered in the Food Facility Registration Module in order to apply unless an exemption applies under 21 CFR 1.226.

Please select one of the following options to identify the Manufacturer:

☐ FFR Registration

☐ FEI Number

☒ DUNS Number

DUNS Number

DUNS Number

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Next >

Figure 4: Select Product Type and Country/Region

A Web Page

← → ↻

http://

⋮

 U.S. Department of Health and Human Services

FURLS HOME



ELM

Export Listing Module

?

Enter New Application

ELM Home > Enter New Application > Business Information

ELM Home

Enter New Application

Select Product and Country/Region

Product Type

- Please Select -

Country/Region

- Please Select -

Note: Based upon the Product Type selected, the Country/Region list will be populated.

< Previous

Next >

Figure 5: Business Information

Business Information

Country/Product Information

Review

Signature

Business Information

Parent Company Information and Manufacturer Address are prepopulated from the Food Facility Registration Module. If you wish to update this information, you may log in to the Food Facility Registration Module from the FURLS home page.

Parent Company Information

Parent Company Name

Triple-i

Country

UNITED STATES

▼

Doing Business As (Optional)

Address Line 1

11820 Parklawn Dr

Address Line 2 (Optional)

11820

ZIP or Postal Code

20852

City

Rockville

▼

State or Province

Maryland

▼

Contact Information

First Name

Telephone

001

Area

Telephone

Ext

Country

Area

Phone Number

Ext

Last Name

Fax (Optional)

001

Area

Fax

Country

Area

Fax Number

Email

Figure 6: Business Information (Facility Information and Inspection Details)

Facility Information for Listing

The following Facility Name and Address will be used for the Country List.

Manufacturer Type	Processing Plant	Facility Street Address, Line 1	11820 Parklawn Dr # 11820
Name for Listing	Triple-i	Facility Street Address, Line 2 (Optional)	
		Zip/Postal Code	20852
		City	Rockville
		State/Territory	Maryland

Inspection Details

Plant Identifier (FEI Number, USDA Dairy Number, IMS Number)		Last Inspection Date (MM/DD/YYYY)	
Government Agency that provided Inspection	--Please Select--	Copy of Last Inspection Notice	Browse... Upload Allowed file types are .jpg, .jpeg, .doc, .docx, .txt, .xls, .xlsx, .pdf, .gif, and .rtf. The maximum file size is 50 MB.

< Previous

Save And Exit >

Next >

Figure 7: Additional Documents (Optional)

Business Information	Country/Product Information	Review	Signature
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Additional Documents

Upload Additional Documentation (as applicable):

Browse...

Upload

Allowed file types for the additional documents are .jpg, .jpeg, .doc, .docx, .txt, .xls, .xlsx, .pdf, .gif, and .rtf. The maximum file size is 50 MB.

< Previous

Save And Exit >

Next >

Figure 8: Contact Information

Business Information

Country/Product Information

Review

Signature

Contact Information

Email below will be the main email used for Country application notifications.

CountryChile

Autofill Main Contact Information

Contact Information

First Name

ddjkljl

Last Name

dkldkl

Title

Telephone

001

301

9993333

Ext

Fax (Optional)

001

Area

Fax

Email

debra.steinbrink@fda.hhs.gov

< Previous

Save And Exit >

Next >

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Figure 9: Product Information

Business Information

Country/Product Information

Review

Signature

Product Information

CountryChile

Animal Origin

--Please Select--

Product

Schedule B/HTS Number?

Value of Goods (Optional)?

Quantity (Optional)?

Unit Of Measure?

--Please Select--

Is this product shipping within the next two years?

--Please Select--

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Figure 10: Product List

Business Information

Country/Product Information

Review

Signature

Product List

To edit a product, click the  icon next to the product information below.

To delete a product, click the  icon next to the product information below.

CONFIRMATION: Product has been successfully added.

Facility Details

Triple-i
11820 Parklawn Dr # 11820, Rockville, MD 20852

Country

Chile

+ Add Product

Showing 1 to 1 of 1 entries

Show 10  entries

Filter:

Animal Origin 	Product 	Action
Bovine	milk	 

Previous

1

Next

< Previous

Save And Exit >

> Next

Figure 11: Review screen (1 of 3)

Business Information

Country/Product Information

Review

Signature

Please review the information entered for the Dairy Facility. Please select the "Edit" buttons next to each section to update. Click "Next" to submit the application.

Business Information

Edit

Parent Company Name/Address Information

Company Name	Triple-i	Doing Business As (Optional)	
Address, Line 1	11820 Parklawn Dr	Address, Line 2 (Optional)	11820
City	Rockville	State/Province/Territory	Maryland
Zip/Postal Code	20852	Country/Area	UNITED STATES

Main Contact Information

First Name	ddjkljl	Telephone	001-301-9993333
Last Name	dkldkl	Fax (Optional)	
Email	debra.steinbrink@fda.hhs.gov		

Facility Information for Listing

Manufacturer Type	Processing Plant	Name for Listing	Triple-i
Facility Street Address, Line 1	11820 Parklawn Dr # 11820	Facility Street Address, Line 2 (Optional)	
City	Rockville	State/Territory	Maryland
Zip/Postal Code	20852		

Figure 12: Review screen (2 of 3)

Inspection Details

Plant Identifier (FEI Number, USDA Dairy Number, IMS Number)

Government Agency that provided Inspection

Last Inspection Date (MM/DD/YYYY)

Copy of Last Inspection Notice

Additional Documents

No Additional Documents uploaded.

Country/Area

Country

Chile

Edit

Country Contact Information

First Name

Last Name

Title

ddjkljl

dkldkl

pm

Telephone

Fax (Optional)

Email

001-301-9993333

debra.steinbrink@fda.hhs.gov

Edit

Product Information

Showing 1 to 1 of 1 entries

Show

10

▼entries

Filter:

Animal Origin

Product

Bovine

milk

Previous

1

Next

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Figure 13: Review screen (3 of 3)

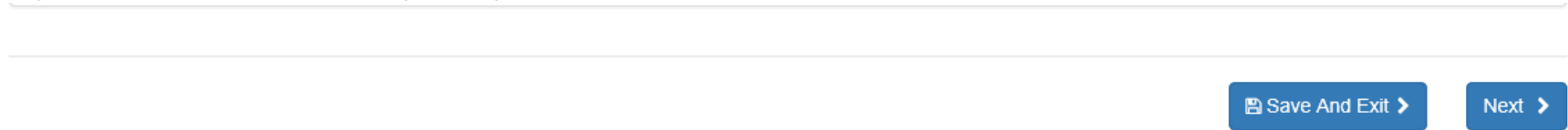


Figure 14: Signature Page

Signature Page

As the responsible official or designee of the establishment listed on this application, I hereby certify to the United States Food and Drug Administration that the establishment and the products listed on this application are, to the best of my knowledge, in compliance with all applicable requirements of the Federal Food, Drug, and Cosmetic Act (the FD&C Act), and all applicable regulations and standards, including the following:

- 1. The establishment listed on this application is currently registered with the FDA, if required by the FD&C Act.
- 2. The products listed on this application for export are legally marketed within the United States or meet the requirements of Section 801(e)(1) of the FD&C Act.
- 3. The products listed on this application are not the subject of a pending judicial enforcement action (e.g., an injunction or seizure) or a pending administrative action (e.g., warning letter).
- 4. The products listed on this application are being exported from the United States.

The undersigned certifies that the information in this submission is complete and accurate. The undersigned understands that the information submitted is intended to assist FDA in establishing and maintaining a list of exporters. FDA considers the information on this list, which is provided voluntarily with the understanding that it will be communicated to the competent authority and posted on the Internet, to be information that is not protected from disclosure under 5 U.S.C Å§ 552(b)(4).

I agree

☐

On Behalf Of
(Optional)

Address, Line 1

First Name

Address, Line 2
(Optional)

Last Name

Zip/Postal Code

Title

City

--Please Select--

Telephone

001

Area

Telephone

Ext

Country

Area

Phone Number

Ext

State/Territory

--Please Select--

Email

Country/Area

United States

Making or submitting false statements on any documents submitted to FDA may constitute violations of the United States Code Title 18, Chapter 47, Section 1001 with penalties including up to \$250,000 in fines and up to 5 years imprisonment.

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✓ Submit