DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

DHHS/FDA FOOD FACILITY REGISTRATION

(If entering by hand, use blue or black ink only.)

Date *(mm/dd/yyyy)*

FDA USE ONLY

Section 1 – TYPE OF REGISTRATION

1a.	☐ DOMESTIC REGISTRATION	☐ FOREIGN REGISTRATION
1b.	☐ INITIAL REGISTRATION	☐ UPDATE OF REGISTRATION INFORMATION
1c.	☐ BIENNIAL REGISTRATION RENEWAL	☐ ABBREVIATED REGISTRATION RENEWAL (Complete Section 12) *By checking this box, you are certifying that no changes have been made to your registration*

	If update or registration renewal, provide the Facility Registration Number and PIN	Facility Registration Number	PIN

For update of registration information: Check all that apply and further identify changes in the applicable sections	☐ United States Agent Change - Foreign facilities only
☐ Facility Name Change	☐ Seasonal Facility Dates of Operation Change
☐ Facility Address Change (See instructions)	☐ Type of Activity Change
☐ Preferred Mailing Address Change	☐ Human Food Product Category Change
☐ Parent Company Change	☐ Animal Food Product Category Change
☐ Emergency Contact Change	☐ Operator or Agent in Charge Change
☐ Trade Name Change	

1d.	ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? If "Yes," provide the following information, if known.	☐ Yes	☐ No

Previous owner's name	Previous owner's registration number

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Section 2 – FACILITY NAME/ADDRESS INFORMATION

Facility Name	Unique Facility Identifier (UFI)
Facility Street Address, Line 1	
Facility Street Address, Line 2	
City	State *(If applicable; if not, skip to Province/Territory)*
Province/Territory *(If applicable)*	ZIP or Postal Code
Country	Phone Number *(Include Area/Country Code)*
FAX Number (*Include Area/Country Code)*	Domestic Facility Contact Person E-Mail Address

Section 3 – PREFERRED MAILING ADDRESS INFORMATION
– Complete this section only if different from Section 2 Facility Name/Address Information

Is the preferred mailing address the same as the facility address (Section 2)? ☐ Yes ☐ No

Name	
Street Address, Line 1	
Street Address, Line 2	
City	State *(If applicable; if not, skip to Province/Territory)*
Province/Territory *(If applicable)*	ZIP or Postal Code
Country	Phone Number *(Include Area/Country Code)*
FAX Number (*Optional; Include Area/Country Code)*	E-Mail Address *(Optional)*

Section 4 – PARENT COMPANY NAME/ADDRESS INFORMATION
(If applicable and if different from Sections 2 and 3)

Is the parent company address the same as:
☐ facility address (Section 2) ☐ preferred mailing address (Section 3) ☐ none of the above

Name of Parent Company	
Street Address of Parent Company, Line 1	
Street Address of Parent Company, Line 2	
City	State *(If applicable; if not, skip to Province/Territory)*
Province/Territory *(If applicable)*	ZIP or Postal Code
Country	Phone Number *(Include Area/Country Code)*
FAX Number (*Optional; Include Area/Country Code)*	E-Mail Address *(Optional)*

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Section 5 – FACILITY EMERGENCY CONTACT INFORMATION

For foreign facilities; FDA will use your U.S. agent as your emergency contact unless you choose to designate a different contact here.

If information is the same as another section, check which section:

☐ facility address (Section 2) ☐ U.S. Agent Information (Section 7) ☐ none of the above

Individual Name *(Optional)*

Title *(Optional)*

E-Mail Address	Emergency Contact Phone Number *(Include Area/Country Code)*

Section 6 – TRADE NAMES – If this facility uses trade names other than that listed in Section 2 above, list them below *(e.g., "Also doing business as," "Facility also known as").*

Alternative Trade Name #1

Alternative Trade Name #2

Alternative Trade Name #3

Alternative Trade Name #4

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Section 7 – UNITED STATES AGENT – To be completed by facilities located outside any State or Territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico

Name of U.S. Agent	U.S. Agent ID

Title *(Optional)*

Address, Line 1

Address, Line 2

City	State	ZIP Code
U.S. Agent Phone Number *(Include Area Code)*		Emergency Contact Phone Number *(Include Area Code)*
FAX Number *(Optional; Include Area Code)*		E-Mail Address

Section 8 – SEASONAL FACILITY DATES OF OPERATION *(OPTIONAL)*

Optional - Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis.

Dates of Operation *(Optional; mm/dd/yyyy)*

Section 9a – GENERAL PRODUCT CATEGORIES – FOOD FOR HUMAN CONSUMPTION; and TYPE OF ACTIVITY CONDUCTED AT THE FACILITY

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, GO TO ITEM 37 AND ENTER CATEGORY OR CATEGORIES THERE.	TYPE OF ACTIVITY CONDUCTED AT THE FACILITY Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.												
	Ambient Food Storage Warehouse / Holding Facility *(e.g., storage facilities, including storage tanks, grain elevators)*	Refrigerated Food Storage Warehouse/ Holding Facility (e.g. Storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g. storage facilities)	Acidi-fied Food Pro-cessor	Low-Acid Food Pro-cessor	Interstate Conveyance Caterer/ Catering Point	Contract Sterilizer	Labeler/ Relabeler	Manufac-turer/ Processor	Repacker/ Packer	Salvage Operator *(Recondi-tioner)*	Farm Mixed-Type Facility	Other Activity Conducted (Please specify Below Row 37)
1. ALCOHOLIC BEVERAGES [21 CFR 170.3 (n) (2)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. BABY *(INFANT AND JUNIOR)* FOOD PRODUCT CATEGORIES	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
a. Infant Formula (Powder)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Infant Formula (Liquid)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Other Baby Food Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS [21 CFR 170.3 (n) (1), (9)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. BEVERAGE BASES [21 CFR 170.3 (n) (3), (35)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. CANDY WITHOUT CHOCOLATE, CANDY SPECIALTIES AND CHEWING GUM [21 CFR 170.3 (n) (6), (9), (25), (38)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6. CEREAL PREPARATIONS, BREAKFAST FOODS, QUICK COOKING/INSTANT CEREALS [21 CFR 170.3 (n) (4)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7. CHEESE AND CHEESE PRODUCT CATEGORIES [21 CFR 170.3 (n) (5)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
a. Soft, Ripened Cheese	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Semi-Soft Cheese	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Hard Cheese	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. Other Cheeses and Cheese Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8. CHOCOLATE AND COCOA PRODUCTS [21 CFR 170.3 (n) (3), (9), (38), (43)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9. COFFEE AND TEA [21 CFR 170.3 (n) (3), (7)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10. COLOR ADDITIVES FOR FOODS [21 CFR 170.3 (o) (4)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
11. DIETARY CONVENTIONAL FOODS OR MEAL REPLACEMENTS (Includes Medical Foods) [21 CFR 170.3 (n) (31)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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Section 9a – GENERAL PRODUCT CATEGORIES – FOOD FOR HUMAN CONSUMPTION; and TYPE OF ACTIVITY CONDUCTED AT THE FACILITY *(cont.)*

To be completed by all food facilities. Please see instructions for further examples. **IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, GO TO ITEM 37 AND ENTER CATEGORY OR CATEGORIES THERE.**	**TYPE OF ACTIVITY CONDUCTED AT THE FACILITY** **Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.**												
	Ambient Food Storage Warehouse / Holding Facility *(e.g., storage facilities, including storage tanks, grain elevators)*	Refrigerated Food Storage Warehouse/ Holding Facility (e.g. Storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g. storage facilities)	Acidi-fied Food Pro-cessor	Low-Acid Food Pro-cessor	Interstate Conveyance Caterer/ Catering Point	Contract Sterilizer	Labeler/ Relabeler	Manufac-turer/ Processor	Repacker/ Packer	Salvage Operator *(Recondi-tioner)*	Farm Mixed-Type Facility	Other Activity Conducted (Please specify Below Row 37)
12. DIETARY SUPPLEMENT CATEGORIES [21 CFR 170.3 (o) (20)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
a. Proteins, Amino Acids, Fats and Lipid Substances	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Vitamins and Minerals	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Animal By-Products and Extracts	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. Herbals and Botanicals	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
13. DRESSING AND CONDIMENTS [21 CFR 170.3 (n) (8), (12)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
14. FISHERY/SEAFOOD PRODUCT CATEGORIES [21 CFR 170.3 (n) (13), (15), (39), (40)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
a. Fin Fish, Whole or Filet	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Molluscan Shellfish	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Other Shellfish	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. Ready to Eat (RTE) Fishery Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
e. Processed and Other Fishery Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15. FOOD ADDITIVES, GENERALLY RECOGNIZED AS SAFE *(GRAS)* INGREDIENTS, OR OTHER INGREDIENTS USED FOR PROCESSING [21 CFR 170.3 (n) (42); 21 CFR 170.3 (o) (1), (2), (3), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (22), (23), (24), (25), (26), (27), (28), (29), (30), (31), (32)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
16. FOOD SWEETENERS *(NUTRITIVE)* [21 CFR 170.3 (n) (9) (41), 21 CFR 170.3 (o) (21)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
17. FRUIT AND FRUIT PRODUCTS [21 CFR 170.3 (n) (16), (27), (28), (35), (43)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
a. Fresh Cut Produce	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Raw Agricultural Commodities	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Other Fruit and Fruit Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18. FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS [21 CFR 170.3 (n) (3), (16), (35)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19. GELATIN, RENNET, PUDDING MIXES, OR PIE FILLINGS [21 CFR 170.3 (n) (22)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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Section 9a – GENERAL PRODUCT CATEGORIES – FOOD FOR HUMAN CONSUMPTION; and TYPE OF ACTIVITY CONDUCTED AT THE FACILITY *(cont.)*

To be completed by all food facilities. Please see instructions for further examples. **IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, GO TO ITEM 37 AND ENTER CATEGORY OR CATEGORIES THERE.**	**TYPE OF ACTIVITY CONDUCTED AT THE FACILITY** **Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.**												
	Ambient Food Storage Warehouse / Holding Facility *(e.g., storage facilities, including storage tanks, grain elevators)*	Refrigerated Food Storage Warehouse/ Holding Facility (e.g. Storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g. storage facilities)	Acidi-fied Food Pro-cessor	Low-Acid Food Pro-cessor	Interstate Conveyance Caterer/ Catering Point	Contract Sterilizer	Labeler/ Relabeler	Manufac-turer/ Processor	Repacker/ Packer	Salvage Operator *(Recondi-tioner)*	Farm Mixed-Type Facility	Other Activity Conducted (Please specify Below Row 37)
20. ICE CREAM AND RELATED PRODUCTS [21 CFR 170.3 (n) (20), (21)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21. IMITATION MILK PRODUCTS [21 CFR 170.3 (n) (10)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22. MACARONI OR NOODLE PRODUCTS [21 CFR 170.3 (n) (23)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23. MEAT, MEAT PRODUCTS AND POULTRY *(FDA REGULATED)* [21 CFR 170.3 (n) (17), (18), (29), (34), (39), (40)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24. MILK, BUTTER, OR DRIED MILK PRODUCTS [21 CFR 170.3 (n) (12), (30), (31)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25. MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES [21 CFR 170.3 (n) (11) (14), (17), (18), (23), (24), (29), (34), (40)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26. NUTS AND EDIBLE SEED PRODUCT CATEGORIES [21 CFR 170.3 (n) (26), (32)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
a. Nut and Nut Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Edible Seed and Edible Seed Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27. PREPARED SALAD PRODUCTS [21 CFR 170.3 (n) (11), (17), (18), (22), (29), (34), (35)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28. SHELL EGG AND EGG PRODUCT CATEGORIES [21 CFR 170.3 (n) (11), (14)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
a. Chicken Egg and Egg Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Other Eggs and Egg Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
29. SNACK FOOD ITEMS (*FLOUR, MEAL OR VEGETABLE BASE)* [21 CFR 170.3 (n) (37)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30. SPICES, FLAVORS, AND SALTS [21 CFR 170.3 (n) (26)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
31. SOUPS [21 CFR 170.3 (n) (39), (40)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
32. SOFT DRINKS AND WATERS [21 CFR 170.3 (n) (3), (35)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
a. Fresh Cut Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Raw Agricultural Commodities	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Other Vegetable and Vegetable Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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Section 9a – GENERAL PRODUCT CATEGORIES – FOOD FOR HUMAN CONSUMPTION; and TYPE OF ACTIVITY CONDUCTED AT THE FACILITY *(cont.)*

To be completed by all food facilities. Please see instructions for further examples. **IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, GO TO ITEM 37 AND ENTER CATEGORY OR CATEGORIES THERE.**	**TYPE OF ACTIVITY CONDUCTED AT THE FACILITY** **Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.**												
	Ambient Food Storage Warehouse / Holding Facility *(e.g., storage facilities, including storage tanks, grain elevators)*	Refrigerated Food Storage Warehouse/ Holding Facility (e.g. Storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g. storage facilities)	Acidified Food Processor	Low-Acid Food Processor	Interstate Conveyance Caterer/ Catering Point	Contract Sterilizer	Labeler/ Relabeler	Manufacturer/ Processor	Repacker/ Packer	Salvage Operator *(Reconditioner)*	Farm Mixed-Type Facility	Other Activity Conducted (Please specify Below Row 37)
34. VEGETABLE OILS *(INCLUDES OLIVE OIL)* [21 CFR 170.3 (n) (12)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
35. VEGETABLE PROTEIN PRODUCTS *(SIMULATED MEATS)* [21 CFR 170.3 (n) (33)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
36. WHOLE GRAINS, MILLER GRAIN PRODUCTS *(FLOURS)*, OR STARCH [21 CFR 170.3 (n) (1), (23)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
37. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN ENTER THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE).	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Other Category or Categories												

Other Activity Conducted:

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Section 9b – GENERAL PRODUCT CATEGORIES – FOOD FOR ANIMAL CONSUMPTION; and TYPE OF ACTIVITY CONDUCTED AT THE FACILITY

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, GO TO ITEM 33 AND ENTER CATEGORY OR CATEGORIES THERE.	TYPE OF ACTIVITY CONDUCTED AT THE FACILITY Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.									
	Animal Food Manufacturer/ Processor	Animal Food Warehouse/Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Repacker/ Packer	Labeler/ Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please specify Below Row 33)
1. GRAIN OR GRAIN PRODUCTS *(I.E., BARLEY, GRAIN SORGHUMS, MAIZE, OAT, RICE, RYE, WHEAT, OTHER GRAINS OR GRAIN PRODUCTS)*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. OILSEED OR OILSEED PRODUCTS *(I.E., COTTONSEED, SOYBEANS, OTHER OILSEEDS OR OILSEED PRODUCTS)*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. ALFALFA PRODUCTS OR LESPEDEZA PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. AMINO ACIDS OR RELATED PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. ANIMAL PROTEIN PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6. BOTANICALS AND HERBS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7. BREWER PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8. CHEMICAL PRESERVATIVES	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9. CITRUS PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10. DIRECT FEED MICROBIALS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
11. DISTILLERY PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
12. ENZYMES	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
13. FATS OR OILS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
14. FERMENTATION PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15. FORAGE PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
16. HUMAN FOOD BY-PRODUCTS NOT OTHERWISE LISTED	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
17. MARINE PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18. MILK PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19. MINERALS OR MINERAL PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20. MISCELLANEOUS OR SPECIAL PURPOSE PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21. MOLASSES OR MOLASSES PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22. NON-PROTEIN NITROGEN PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23. PEANUT PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24. PROCESSED ANIMAL WASTE PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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Section 9b – GENERAL PRODUCT CATEGORIES – FOOD FOR ANIMAL CONSUMPTION; and TYPE OF ACTIVITY CONDUCTED AT THE FACILITY *(cont.)*

To be completed by all animal food facilities. Please see instructions for further examples. **IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, GO TO ITEM 33 AND ENTER CATEGORY OR CATEGORIES THERE.**	**TYPE OF ACTIVITY CONDUCTED AT THE FACILITY** **Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.**									
	Animal Food Manufacturer/ Processor	Animal Food Warehouse/Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer/ Repacker	Labeler/ Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please specify Below Row 33)
25. SCREENINGS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26. TECHNICAL ADDITIVES	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27. VITAMINS OR VITAMIN PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28. YEAST PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
29. MIXED FEED *(E.G., POULTRY, LIVESTOCK, EQUINE)*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30. PET FOOD	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
31. PET TREATS OR PET CHEWS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
32. PET NUTRITIONAL SUPPLEMENTS *(E. G., VITAMINS, MINERALS)*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
33. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN ENTER THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE).	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Other Category or Categories									

Other Activity Conducted

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Section 10 – OWNER, OPERATOR, OR AGENT-IN-CHARGE INFORMATION

Name of Entity or Individual Who Is the Owner, Operator, or Agent-in-Charge

Provide the following information, if different from all other sections on the form. If the information is the same as another section of the form, check which section.

☐ Section 2 ☐ Section 3 ☐ Section 4

Street Address, Line 1

Street Address, Line 2

City	State *(If applicable; if not, skip to Province/Territory)*
Province/Territory *(If applicable)*	ZIP or Postal Code
Country	Phone Number *(Include Area/Country Code)*
FAX Number (*Optional; Include Area/Country Code)*	E-Mail Address *(Required unless FDA has granted a waiver under 21 CFR 1.245)*

Section 11 – INSPECTION STATEMENT

☐ FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12 – CERTIFICATION STATEMENT

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, or by authorizing individual to submit this form to FDA, the owner, operator, or agent in charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator, or agent in charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent in charge must below identify by name the individual who authorized submission of the registration. 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.

Signature of Submitter

Printed Name of Submitter

Check One Box

☐ A. OWNER, OPERATOR, OR AGENT IN CHARGE *(STOP HERE, FORM IS COMPLETED)*

☐ B. INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION (FILL IN BELOW)

If you checked Box B above, indicate who authorized you to submit the registration.

☐ OWNER, OPERATOR, OR AGENT IN CHARGE *(STOP HERE, FORM IS COMPLETED)*

☐ _____ NAME OF INDIVIDUAL WHO AUTHORIZED REGISTRATION ON BEHALF OF OWNER, OPERATOR, OR AGENT IN CHARGE (FILL IN ADDRESS BELOW)

Address Information for the Authorizing Individual

Authorizing Individual Street Address, Line 1

Authorizing Individual Street Address, Line 2

City	State *(If applicable; if not, skip to Province/Territory)*
Province/Territory *(If applicable)*	ZIP or Postal Code
Country	Phone Number *(Include Area/Country Code)*
FAX Number (*Optional; Include Area/Country Code)*	E-Mail Address *(Required unless FDA has granted a waiver under 21 CFR 1.245)*

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MAIL COMPLETED FORM FDA 3537 TO U.S. FOOD AND DRUG ADMINISTRATION, HFS-681, 5001 CAMPUS DRIVE, COLLEGE PARK, MD 20740, OR FAX IT TO 301-436-2804

FDA USE ONLY

Date Registration Form Received *(mm/dd/yyyy)*	Date Notification Sent to Facility *(mm/dd/yyyy)*

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 between 1 and 12 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."

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