

Form Approval: OMB No. 0910-xxxx
 Expiration Date:
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FDA USE ONLY

DHHS/FDA - FOOD FACILITY REGISTRATION FORM

USE BLUE OR BLACK INK ONLY

Date: _____ (MM/DD/YYYY)	
Section 1 - TYPE OF REGISTRATION	
1a. <input type="radio"/> DOMESTIC REGISTRATION	<input type="radio"/> FOREIGN REGISTRATION
1b. <input type="radio"/> INITIAL REGISTRATION	<input type="radio"/> UPDATE OF REGISTRATION INFORMATION
If update, provide the following: Facility Registration Number: _____ PIN _____	
Check all that apply and further identify changes in the applicable sections.	<input type="radio"/> United States Agent Change – Foreign facilities only
<input type="radio"/> Facility Name Change	<input type="radio"/> Seasonal Facility Dates of Operation Change
<input type="radio"/> Facility Address Change (see instructions)	<input type="radio"/> Type of Activity Change
<input type="radio"/> Preferred Mailing Address Change	<input type="radio"/> Type of Storage Change
<input type="radio"/> Parent Company Change	<input type="radio"/> Human Food Product Category Change
<input type="radio"/> Emergency Contact Change	<input type="radio"/> Animal Food Product Category Change
<input type="radio"/> Trade Name Change	<input type="radio"/> Operator or Agent in Charge Change
1c. ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? Yes <input type="radio"/> No <input type="radio"/> If "yes", provide the following information, if known.	
Previous owner's name:	Previous owner's registration number:

Section 2 - FACILITY NAME / ADDRESS INFORMATION	
FACILITY NAME:	
FACILITY STREET ADDRESS, Line 1:	
FACILITY STREET ADDRESS, Line 2:	
CITY:	STATE:
ZIP CODE (POSTAL CODE):	PROVINCE/TERRITORY:
COUNTRY:	PHONE NUMBER (Include Area/Country Code):
FAX NUMBER (OPTIONAL; Include Area/ Country Code):	E-MAIL ADDRESS (OPTIONAL):

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Section 3 - PREFERRED MAILING ADDRESS INFORMATION complete this section only if different from Section 2, Facility Name/Address Information (OPTIONAL)	
NAME:	
ADDRESS, Line 1:	
ADDRESS, Line 2:	
CITY:	STATE:
ZIP CODE (POSTAL CODE):	PROVINCE/TERRITORY:
COUNTRY:	PHONE NUMBER (Include Area/ Country Code):
FAX NUMBER (Include Area/ Country Code):	E-MAIL ADDRESS:

Section 4 - PARENT COMPANY NAME / ADDRESS INFORMATION (IF APPLICABLE AND IF DIFFERENT FROM SECTIONS 2 AND 3). IF INFORMATION IS THE SAME AS ANOTHER SECTION, CHECK WHICH SECTION: SECTION 2 <input type="radio"/> or SECTION 3 <input type="radio"/>	
NAME OF PARENT COMPANY:	
STREET ADDRESS OF PARENT COMPANY, Line 1:	
STREET ADDRESS OF PARENT COMPANY, Line 2:	
CITY:	STATE:
ZIP CODE (POSTAL CODE):	PROVINCE/TERRITORY:
COUNTRY:	PHONE NUMBER (Include Area/ Country Code):
FAX NUMBER (OPTIONAL; Include Area/Country Code):	E-MAIL ADDRESS (OPTIONAL):

Section 5 - FACILITY EMERGENCY CONTACT INFORMATION (OPTIONAL FOR FOREIGN FACILITIES; FDA WILL USE YOUR U.S. AGENT AS YOUR EMERGENCY CONTACT UNLESS YOU CHOOSE TO DESIGNATE A DIFFERENT CONTACT HERE.)	
INDIVIDUAL'S NAME (OPTIONAL):	
TITLE (OPTIONAL):	EMERGENCY CONTACT PHONE (Include area/ country code):
E-MAIL ADDRESS (OPTIONAL):	

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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")
ALTERNATE TRADE NAME #1:
ALTERNATE TRADE NAME #2:
ALTERNATE TRADE NAME #3:
ALTERNATE TRADE NAME #4:

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:		
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 (OPTIONAL):	

Section 8 - SEASONAL FACILITY DATES OF OPERATION (GIVE THE APPROXIMATE DATES THAT YOUR FACILITY IS OPEN FOR BUSINESS, IF ITS OPERATIONS ARE ON A SEASONAL BASIS) (OPTIONAL)
DATES OF OPERATION:

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Section 9 - 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) (OPTIONAL)	
<input type="radio"/> Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	
<input type="radio"/> Acidified / Low Acid Food Processor	<input type="radio"/> Labeler / Relabeler
<input type="radio"/> Interstate Conveyance Caterer/Catering Point	<input type="radio"/> Manufacturer / Processor
<input type="radio"/> Molluscan Shellfish Establishment	<input type="radio"/> Repacker / Packer
<input type="radio"/> Commissary	<input type="radio"/> Salvage Operator (Reconditioner)
<input type="radio"/> Contract Sterilizer	<input type="radio"/> Animal food manufacturer / processor / holder

Section 10 - TYPE OF STORAGE (FOR FACILITIES THAT ARE PRIMARILY HOLDERS) (OPTIONAL)		
<input type="radio"/> Ambient (neither frozen nor refrigerated) Storage	<input type="radio"/> Refrigerated Storage	<input type="radio"/> Frozen Storage

Section 11a - GENERAL PRODUCT CATEGORIES - FOOD FOR HUMAN CONSUMPTION <i>To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37.</i>	
<input type="radio"/> 1. ALCOHOLIC BEVERAGES [21 CFR 170.3 (n) (2)]	<input type="radio"/> 7. CHEESE AND CHEESE PRODUCTS [21 CFR 170.3 (n) (5)]
<input type="radio"/> 2. BABY (INFANT AND JUNIOR) FOOD PRODUCTS Including Infant Formula (Optional Selection)	<input type="radio"/> 8. CHOCOLATE AND COCOA PRODUCTS [21 CFR 170.3 (n) (3), (9), (38), (43)]
<input type="radio"/> 3. BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS [21 CFR 170.3 (n) (1), (9)]	<input type="radio"/> 9. COFFEE AND TEA [21 CFR 170.3 (n) (3), (7)]
<input type="radio"/> 4. BEVERAGE BASES [21 CFR 170.3 (n) (3), (16), (35)]	<input type="radio"/> 10. COLOR ADDITIVES FOR FOODS [21 CFR 170.3 (o) (4)]
<input type="radio"/> 5. CANDY WITHOUT CHOCOLATE, CANDY SPECIALITIES & CHEWING GUM [21 CFR 170.3 (n) (6), (9), (25), (38)]	<input type="radio"/> 11. DIETARY CONVENTIONAL FOODS OR MEAL REPLACEMENTS (includes Medical Foods) [21 CFR 170.3 (n) (31)]
<input type="radio"/> 6. CEREAL PREPARATIONS, BREAKFAST FOODS, QUICK COOKING/INSTANT CEREALS [21 CFR 170.3 (n) (4)]	

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**Section 11a - GENERAL PRODUCT CATEGORIES - FOOD FOR HUMAN CONSUMPTION
(CONTINUED)**

**To be completed by all food facilities. Please see instructions for further examples.
IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37.**

<p>12. DIETARY SUPPLEMENTS</p> <p><input type="radio"/> Proteins, Amino Acids, Fats and Lipid Substances [21 CFR 170.3 (o) (20)]</p> <p><input type="radio"/> Vitamins and Minerals [21 CFR 170.3 (o) (20)]</p> <p><input type="radio"/> Animal By-Products and Extracts (Optional Selection)</p> <p><input type="radio"/> Herbals and Botanicals (Optional Selection)</p> <p><input type="radio"/> 13. DRESSINGS AND CONDIMENTS [21 CFR 170.3 (n) (8), (12)]</p> <p><input type="radio"/> 14. FISHERY/SEAFOOD PRODUCTS [21 CFR 170.3 (n) (13), (15), (39), (40)]</p> <p><input type="radio"/> 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)]</p> <p><input type="radio"/> 16. FOOD SWEETENERS (NUTRITIVE) [21 CFR 170.3 (n) (9), (41), 21 CFR 170.3 (o) (21)]</p> <p><input type="radio"/> 17. FRUITS AND FRUIT PRODUCTS [21 CFR 170.3 (n) (16), (27), (28), (35), (43)]</p> <p><input type="radio"/> 18. GELATIN, RENNIN, PUDDING MIXES, OR PIE FILLINGS [21 CFR 170.3 (n) (22)]</p> <p><input type="radio"/> 19. ICE CREAM AND RELATED PRODUCTS [21 CFR 170.3 (n) (20), (21)]</p> <p><input type="radio"/> 20. IMITATION MILK PRODUCTS [21 CFR 170.3 (n) (10)]</p> <p><input type="radio"/> 21. MACARONI OR NOODLE PRODUCTS [21 CFR 170.3 (n) (23)]</p> <p><input type="radio"/> 22. MEAT, MEAT PRODUCTS AND POULTRY (FDA REGULATED) [21 CFR 170.3 (n) (17), (18), (29), (34), (39), (40)]</p>	<p><input type="radio"/> 23. MILK, BUTTER, OR DRIED MILK PRODUCTS [21 CFR 170.3 (n) (12), (30), (31)]</p> <p><input type="radio"/> 24. MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES [21 CFR 170.3 (n) (11), (14), (17), (18), (23), (24), (29), (34), (40)]</p> <p><input type="radio"/> 25. NUT AND EDIBLE SEED PRODUCTS [21 CFR 170.3 (n) (26), (32)]</p> <p><input type="radio"/> 26. PREPARED SALAD PRODUCTS [21 CFR 170.3 (n) (11), (17), (18), (22), (29), (34), (35)]</p> <p><input type="radio"/> 27. SHELL EGG AND EGG PRODUCTS [21 CFR 170.3 (n) (11), (14)]</p> <p><input type="radio"/> 28. SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) [21 CFR 170.3 (n) (37)]</p> <p><input type="radio"/> 29. SPICES, FLAVORS, AND SALTS [21 CFR 170.3 (n) (26)]</p> <p><input type="radio"/> 30. SOUPS [21 CFR 170.3 (n) (39), (40)]</p> <p><input type="radio"/> 31. SOFT DRINKS AND WATERS [21 CFR 170.3 (n) (3), (35)]</p> <p><input type="radio"/> 32. VEGETABLES AND VEGETABLE PRODUCTS [21 CFR 170.3 (n) (19), (36)]</p> <p><input type="radio"/> 33. VEGETABLE OILS (INCLUDES OLIVE OIL) [21 CFR 170.3 (n) (12)]</p> <p><input type="radio"/> 34. VEGETABLE PROTEIN PRODUCTS (SIMULATED MEATS) [21 CFR 170.3 (n) (33)]</p> <p><input type="radio"/> 35. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH [21 CFR 170.3 (n) (1), (23)]</p> <p><input type="radio"/> 36. MOST/ALL HUMAN FOOD PRODUCT CATEGORIES (Optional Selection)</p> <p><input type="radio"/> 37. NONE OF THE ABOVE MANDATORY CATEGORIES</p>
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Section 11b - GENERAL PRODUCT CATEGORIES - FOOD FOR ANIMAL CONSUMPTION (OPTIONAL)

<p><input type="radio"/> 1. GRAIN PRODUCTS (E.G., BARLEY, GRAIN SORGHUMS, MAIZE, OAT, RICE, RYE AND WHEAT)</p> <p><input type="radio"/> 2. OILSEED PRODUCTS (E.G., COTTONSEED, SOYBEANS, OTHER OIL SEEDS)</p> <p><input type="radio"/> 3. ALFALFA AND LESPEDEZA PRODUCTS</p> <p><input type="radio"/> 4. AMINO ACIDS</p> <p><input type="radio"/> 5. ANIMAL-DERIVED PRODUCTS</p> <p><input type="radio"/> 6. BREWER PRODUCTS</p> <p><input type="radio"/> 7. CHEMICAL PRESERVATIVES</p> <p><input type="radio"/> 8. CITRUS PRODUCTS</p> <p><input type="radio"/> 9. DISTILLERY PRODUCTS</p> <p><input type="radio"/> 10. ENZYMES</p> <p><input type="radio"/> 11. FATS AND OILS</p> <p><input type="radio"/> 12. FERMENTATION PRODUCTS</p> <p><input type="radio"/> 13. MARINE PRODUCTS</p>	<p><input type="radio"/> 14. MILK PRODUCTS</p> <p><input type="radio"/> 15. MINERALS</p> <p><input type="radio"/> 16. MISCELLANEOUS AND SPECIAL PURPOSE PRODUCTS</p> <p><input type="radio"/> 17. MOLASSES</p> <p><input type="radio"/> 18. NON-PROTEIN NITROGEN PRODUCTS</p> <p><input type="radio"/> 19. PEANUT PRODUCTS</p> <p><input type="radio"/> 20. RECYCLED ANIMAL WASTE PRODUCTS</p> <p><input type="radio"/> 21. SCREENINGS</p> <p><input type="radio"/> 22. VITAMINS</p> <p><input type="radio"/> 23. YEAST PRODUCTS</p> <p><input type="radio"/> 24. MIXED FEED (POULTRY, LIVESTOCK, AND EQUINE)</p> <p><input type="radio"/> 25. PET FOOD</p> <p><input type="radio"/> 26. MOST/ALL ANIMAL FOOD PRODUCT CATEGORIES</p>
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Section 12 - 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 INFORMATION IS THE SAME AS ANOTHER SECTION OF THE FORM, CHECK WHICH SECTION: SECTION 2 <input type="radio"/> SECTION 3 <input type="radio"/> SECTION 4 <input type="radio"/> SECTION 7 <input type="radio"/>	
STREET ADDRESS, Line 1:	
STREET ADDRESS, Line 2:	
CITY:	STATE:
ZIP CODE (POSTAL CODE):	PROVINCE/TERRITORY:
COUNTRY:	PHONE NUMBER (Include Area/Country Code):
FAX NUMBER (OPTIONAL; Include Area/ Country Code):	E-MAIL ADDRESS (OPTIONAL):

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Section 13 - CERTIFICATION STATEMENT	
<p>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 an 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.</p>	
SIGNATURE OF SUBMITTER	
PRINT NAME OF THE SUBMITTER	
CHECK ONE BOX: <input type="radio"/> A. OWNER, OPERATOR OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)	
<input type="radio"/> B. INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION (FILL IN BELOW)	
IF YOU CHECKED BOX B ABOVE, INDICATE WHO AUTHORIZED YOU TO SUBMIT THE REGISTRATION:	
<input type="radio"/> OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)	
<input type="radio"/> _____ 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:
ZIP CODE (POSTAL CODE):	PROVINCE/TERRITORY:
COUNTRY:	PHONE NUMBER (Include Area/Country Code):
FAX NUMBER (OPTIONAL; Include Area/ Country Code):	E-MAIL ADDRESS (OPTIONAL):

MAIL COMPLETED FORM TO U.S. FOOD AND DRUG ADMINISTRATION, HFS-681, 5600 FISHERS LANE, ROCKVILLE, MD 20857, OR FAX IT TO (301) 210-0247.

FDA USE ONLY	
DATE REGISTRATION FORM RECEIVED	DATE NOTIFICATION SENT TO FACILITY

Public reporting burden for this collection of information is estimated to average between 1 and 12 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Department of Health and Human Services
 Food and Drug Administration
 CFSA (HFS-024)
 5100 Paint Branch Parkway
 College Park, MD 20740

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 control number

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DHHS/FDA CANCELLATION OF FOOD FACILITY REGISTRATION FORM	
FACILITY REGISTRATION NUMBER:	PIN:
<input type="radio"/> DOMESTIC REGISTRATION	<input type="radio"/> FOREIGN REGISTRATION
FACILITY NAME / ADDRESS INFORMATION	
FACILITY NAME:	
FACILITY STREET ADDRESS, Line 1:	
FACILITY STREET ADDRESS, Line 2:	
CITY:	STATE:
ZIP CODE (POSTAL CODE):	PROVINCE/TERRITORY:
COUNTRY:	
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 an 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 cancellation 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 cancellation. 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	
PRINT NAME OF THE SUBMITTER	
CHECK ONE BOX: <input type="radio"/> A. OWNER, OPERATOR OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED) <input type="radio"/> B. INDIVIDUAL AUTHORIZED TO SUBMIT THE CANCELLATION (FILL IN BELOW)	
IF YOU CHECKED BOX B ABOVE, INDICATE WHO AUTHORIZED YOU TO SUBMIT THE CANCELLATION:	
<input type="radio"/> OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED) <input type="radio"/> _____ NAME OF INDIVIDUAL WHO AUTHORIZED CANCELLATION ON BEHALF OF OWNER, OPERATOR, OR AGENT IN CHARGE (FILL IN BELOW)	
ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL:	
AUTHORIZING INDIVIDUAL ADDRESS, Line 1:	
AUTHORIZING INDIVIDUAL ADDRESS, Line 2:	
CITY:	STATE:
ZIP CODE (POSTAL CODE):	PROVINCE/TERRITORY:
COUNTRY:	PHONE NUMBER (Include Area/Country Code):
FDA USE ONLY	
DATE CANCELLATION FORM RECEIVED	DATE CONFIRMATION SENT TO FACILITY

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Department of Health and Human Services
 Food and Drug Administration
 CFSAN (HFS-024)
 5100 Paint Branch Parkway
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