

Form Approval: OMB No. 0910-xxxx

Expiration Date:

See OMB Statement at end of form

DHHS/FDA - DRAFT FOOD FACILITY REGISTRATION FORM

Date: _____ (MONTH/DAY/YEAR)	
Section 1 - TYPE OF REGISTRATION	
1a. <input type="checkbox"/> DOMESTIC REGISTRATION <input type="checkbox"/> FOREIGN REGISTRATION	
1b. <input type="checkbox"/> INITIAL REGISTRATION	
<input type="checkbox"/> UPDATE OF REGISTRATION INFORMATION Provide the facility registration number: _____	
Check all that apply below and further identify changes in the applicable sections.	
<input type="checkbox"/> Facility Name/Address Change	<input type="checkbox"/> Seasonal Facility Dates of Operation Change
<input type="checkbox"/> Preferred Mailing Address Change	<input type="checkbox"/> Establishment Type Change
<input type="checkbox"/> Parent Company Change	<input type="checkbox"/> Warehouse Storage Type Change
<input type="checkbox"/> Emergency Contact Change	<input type="checkbox"/> Human Food Product Category Change
<input type="checkbox"/> Trade Name Change	<input type="checkbox"/> Animal Food Product Category Change
<input type="checkbox"/> United States Agent Change - Foreign Countries only	<input type="checkbox"/> Owner, Operator, or Agent in Charge Change
Section 2 - FACILITY NAME / ADDRESS INFORMATION	
FACILITY NAME:	
FACILITY STREET ADDRESS:	
CITY:	STATE:
ZIP CODE (POSTAL CODE):	PROVINCE/TERRITORY:
COUNTRY:	PHONE NUMBER (If a foreign facility, include Area & Country Codes):
FAX NUMBER (If available; if a foreign facility, include Area & Country Codes):	E-MAIL ADDRESS (if available):
Section 3 - OPTIONAL: PREFERRED MAILING ADDRESS INFORMATION (only complete this section if different from Section 2, Facility Name/Address Information)	
NAME:	
ADDRESS:	
CITY:	STATE:
ZIP CODE (POSTAL CODE):	PROVINCE/TERRITORY:
COUNTRY:	PHONE NUMBER (If a foreign facility, include Area & Country Codes):
FAX NUMBER (If available; if a foreign facility, include Area & Country Codes):	E-MAIL ADDRESS: