

Form Approval: OMB No. 0910-xxxx

Expiration Date:

See OMB Statement at end of form

## DHHS/FDA - DRAFT FOOD FACILITY REGISTRATION FORM

### Section 12 - CERTIFICATION STATEMENT

***The owner, operator, or agent in charge of the facility must submit this form. By submitting this form to FDA, the owner, operator, or agent in charge certifies that the above information is true and accurate and that the facility has authorized the submitter to register on its behalf. 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.***

PRINT NAME OF PERSON SUBMITTING THE REGISTRATION FORM

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):

### 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  
CFSAN (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.