

Form Approval: OMB No. 0910-xxxx
 Expiration Date:
 See OMB Statement at end of form

DHHS/FDA - CANCELLATION OF FOOD FACILITY REGISTRATION	
PROVIDE THE FACILITY REGISTRATION NUMBER:	
<input type="checkbox"/> DOMESTIC REGISTRATION	<input type="checkbox"/> FOREIGN REGISTRATION
FACILITY NAME / ADDRESS INFORMATION	
FACILITY NAME:	
FACILITY STREET ADDRESS:	
CITY:	STATE:
ZIP CODE (POSTAL CODE):	PROVINCE/TERRITORY:
COUNTRY:	
CERTIFICATION STATEMENT	
<p><i>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 cancel the registration 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.</i></p>	
PRINT NAME OF PERSON SUBMITTING THE CANCELLATION FORM	
ADDRESS	E-MAIL ADDRESS (IF AVAILABLE)
FDA USE ONLY	
DATE CANCELLATION FORM RECEIVED	DATE CONFIRMATION SENT TO FACILITY

Public reporting burden for this collection of information is estimated to average 1 hour 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.

Form 3537a (1/03)