

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration <b>PRIOR NOTICE SUBMISSION</b>		Form Approved: OMB No. 0910-____ Expiration Date: _____	
<b>Paperwork Reduction Act Statement</b> 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. Public reporting burden for this collection of information is estimated to average 0.5-1.0 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to the address to the right:		Food and Drug Administration Center for Food Safety and Applied Nutrition <i>Office to be Determined</i> 5100 Paint Branch Parkway College Park, MD 20740-3835	
<input type="checkbox"/> Initial	<input type="checkbox"/> Held	<input type="checkbox"/> Amendment Product Identity	<input type="checkbox"/> Update Arrival Info
<input type="checkbox"/> Cancel			
Mandatory Information		Mandatory if applicable	
<b><u>Submitter</u></b>			
First Name			
Last Name			
<b><u>Submitting Firm</u></b>			
<input type="checkbox"/> U.S. Purchaser		<input type="checkbox"/> U.S. Importer	
<input type="checkbox"/> U.S. Agent of Purchaser		<input type="checkbox"/> U.S. Agent of Importer	
<input type="checkbox"/> Carrier		<input type="checkbox"/> In-bond Carrier	
Name of Firm			
FDA Registration Number		<input type="checkbox"/> N/A	#
Street Address			
City			
State			
Zip			
Phone			
FAX			
E-mail address			
<b><u>Entry Type</u></b>			
<input type="checkbox"/> Consumption	<input type="checkbox"/> T & E	<input type="checkbox"/> IE	<input type="checkbox"/> Mail
<input type="checkbox"/> Warehouse	<input type="checkbox"/> TIB	<input type="checkbox"/> Baggage	<input type="checkbox"/> Trade Fair
<input type="checkbox"/> Other			
<b><u>Entry Type Customs Code</u></b>			
<b><u>Customs Entry Number/Customs Line Number/FDA Line Number</u></b>			
<b><u>Article held under FDA direction</u></b>		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name of Location			
Street Address			
City			
State		Zip	
Contact Name		Phone	