

Date available at Location mm/dd/yy																
<u>Product Identity</u>																
FDA Product Code																
Common/usual/market name																
Trade/brand name																
Quantity		Number				Measure										
Identifiers				<input type="checkbox"/> Lot number				<input type="checkbox"/> Production Code								
1																
2																
3																
4																
<u>Manufacturer</u>																
Name of Firm																
FDA Registration Number				<input type="checkbox"/> N/A				#								
Street Address																
City																
State/Province																
Country																
Zip/Mail code																
Phone																
FAX																
E-mail address																
<u>Grower</u>																
Name of Firm																
Street Address																
City																
State/Province																
Country																
Zip/Mail code																
Phone																
FAX																
E-mail address																
Growing Location street																
Growing Location City																
Growing Location State/Province																
Growing Location Country																
Growing Location Zip/Mail code																
<u>ADDITIONAL GROWERS</u>				<input type="checkbox"/> No				<input type="checkbox"/> Yes				How Many?				
<u>GROWER 2</u>																
Name of Firm																
Street Address																
City																