

City				
State/Province				
Zip/mail code				
Country				
Phone				
FAX				
E-mail address				
<b>Additional Carriers</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How Many?	
<b>Carrier 2</b>				
Standard Carrier Abbreviation Code				
Name of Firm				
Street Address				
City				
State/Province				
Country				
Zip/Mail code				
Phone				
FAX				
E-mail address				
<b>Carrier 3</b>				
Standard Carrier Abbreviation Code				
Name of Firm				
Street Address				
City				
State/Province				
Country				
Zip/Mail code				
Phone				
FAX				
E-mail address				
<b>Amendment to follow</b>				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Cancel this submission</b>				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p><i>This form must be submitted by the U.S. Importer or U.S. Purchaser, or U.S. Agent of the importer or purchaser, of the article of food being imported or offered for import. 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>				

FORM FDA 3540 (01/03)