

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

FDA USE ONLY

**DHHS/FDA - FOOD FACILITY REGISTRATION FORM**

**USE BLUE OR BLACK INK ONLY**

Date: _____ (MM/DD/YYYY)	
<b>Section 1 - TYPE OF REGISTRATION</b>	
1a. <input type="radio"/> DOMESTIC REGISTRATION	<input type="radio"/> FOREIGN REGISTRATION
1b. <input type="radio"/> INITIAL REGISTRATION	<input type="radio"/> UPDATE OF REGISTRATION INFORMATION
If update, provide the following: Facility Registration Number: _____ PIN _____	
<b>Check all that apply and further identify changes in the applicable sections.</b>	<input type="radio"/> United States Agent Change – Foreign facilities only
<input type="radio"/> Facility Name Change	<input type="radio"/> Seasonal Facility Dates of Operation Change
<input type="radio"/> Facility Address Change (see instructions)	<input type="radio"/> Type of Activity Change
<input type="radio"/> Preferred Mailing Address Change	<input type="radio"/> Type of Storage Change
<input type="radio"/> Parent Company Change	<input type="radio"/> Human Food Product Category Change
<input type="radio"/> Emergency Contact Change	<input type="radio"/> Animal Food Product Category Change
<input type="radio"/> Trade Name Change	<input type="radio"/> Operator or Agent in Charge Change
<b>1c. ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY?</b> Yes <input type="radio"/> No <input type="radio"/> If "yes", provide the following information, if known.	
Previous owner's name:	Previous owner's registration number:

<b>Section 2 - FACILITY NAME / ADDRESS INFORMATION</b>	
FACILITY NAME:	
FACILITY STREET ADDRESS, Line 1:	
FACILITY STREET ADDRESS, Line 2:	
CITY:	STATE:
ZIP CODE (POSTAL CODE):	PROVINCE/TERRITORY:
COUNTRY:	PHONE NUMBER (Include Area/Country Code):
FAX NUMBER (OPTIONAL; Include Area/ Country Code):	E-MAIL ADDRESS (OPTIONAL):