

Form Approval: OMB No. 0910-xxxx

Expiration Date:

See OMB Statement at end of form

DHHS/FDA - FOOD FACILITY REGISTRATION FORM

| | |
|---|--|
| Section 3 - PREFERRED MAILING ADDRESS INFORMATION complete this section only if different from Section 2, Facility Name/Address Information (OPTIONAL) | |
| NAME: | |
| ADDRESS, Line 1: | |
| ADDRESS, Line 2: | |
| CITY: | STATE: |
| ZIP CODE (POSTAL CODE): | PROVINCE/TERRITORY: |
| COUNTRY: | PHONE NUMBER (Include Area/ Country Code): |
| FAX NUMBER (Include Area/ Country Code): | E-MAIL ADDRESS: |

| | |
|---|--|
| Section 4 - PARENT COMPANY NAME / ADDRESS INFORMATION (IF APPLICABLE AND IF DIFFERENT FROM SECTIONS 2 AND 3). IF INFORMATION IS THE SAME AS ANOTHER SECTION, CHECK WHICH SECTION: SECTION 2 <input type="radio"/> or SECTION 3 <input type="radio"/> | |
| NAME OF PARENT COMPANY: | |
| STREET ADDRESS OF PARENT COMPANY, Line 1: | |
| STREET ADDRESS OF PARENT COMPANY, 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): |

| | |
|---|---|
| Section 5 - FACILITY EMERGENCY CONTACT INFORMATION (OPTIONAL FOR FOREIGN FACILITIES; FDA WILL USE YOUR U.S. AGENT AS YOUR EMERGENCY CONTACT UNLESS YOU CHOOSE TO DESIGNATE A DIFFERENT CONTACT HERE.) | |
| INDIVIDUAL'S NAME (OPTIONAL): | |
| TITLE (OPTIONAL): | EMERGENCY CONTACT PHONE (Include area/ country code): |
| E-MAIL ADDRESS (OPTIONAL): | |