

Form Approval: OMB No. 0910-xxxx

Expiration Date:

See OMB Statement at end of form

DHHS/FDA - FOOD FACILITY REGISTRATION FORM

Section 11b - GENERAL PRODUCT CATEGORIES - FOOD FOR ANIMAL CONSUMPTION
(OPTIONAL)

- | | |
|---|---|
| <input type="radio"/> 1. GRAIN PRODUCTS (E.G., BARLEY, GRAIN SORGHUMS, MAIZE, OAT, RICE, RYE AND WHEAT) | <input type="radio"/> 14. MILK PRODUCTS |
| <input type="radio"/> 2. OILSEED PRODUCTS (E.G., COTTONSEED, SOYBEANS, OTHER OIL SEEDS) | <input type="radio"/> 15. MINERALS |
| <input type="radio"/> 3. ALFALFA AND LESPEDEZA PRODUCTS | <input type="radio"/> 16. MISCELLANEOUS AND SPECIAL PURPOSE PRODUCTS |
| <input type="radio"/> 4. AMINO ACIDS | <input type="radio"/> 17. MOLASSES |
| <input type="radio"/> 5. ANIMAL-DERIVED PRODUCTS | <input type="radio"/> 18. NON-PROTEIN NITROGEN PRODUCTS |
| <input type="radio"/> 6. BREWER PRODUCTS | <input type="radio"/> 19. PEANUT PRODUCTS |
| <input type="radio"/> 7. CHEMICAL PRESERVATIVES | <input type="radio"/> 20. RECYCLED ANIMAL WASTE PRODUCTS |
| <input type="radio"/> 8. CITRUS PRODUCTS | <input type="radio"/> 21. SCREENINGS |
| <input type="radio"/> 9. DISTILLERY PRODUCTS | <input type="radio"/> 22. VITAMINS |
| <input type="radio"/> 10. ENZYMES | <input type="radio"/> 23. YEAST PRODUCTS |
| <input type="radio"/> 11. FATS AND OILS | <input type="radio"/> 24. MIXED FEED (POULTRY, LIVESTOCK, AND EQUINE) |
| <input type="radio"/> 12. FERMENTATION PRODUCTS | <input type="radio"/> 25. PET FOOD |
| <input type="radio"/> 13. MARINE PRODUCTS | <input type="radio"/> 26. MOST/ALL ANIMAL FOOD PRODUCT CATEGORIES |

Section 12 - OWNER, OPERATOR, OR AGENT IN CHARGE INFORMATION

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE

PROVIDE THE FOLLOWING INFORMATION, IF DIFFERENT FROM ALL OTHER SECTIONS ON THE FORM. IF INFORMATION IS THE SAME AS ANOTHER SECTION OF THE FORM, CHECK WHICH SECTION:

SECTION 2 ☐ SECTION 3 ☐ SECTION 4 ☐ SECTION 7 ☐

STREET ADDRESS, Line 1:

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):