[Home](3) [Food](4) [Guidance & Regulation](5) [Food Facility Registration](6)

Food

Food Facility Registration User Guide: Step-by-Step Instructions

June 2014

[Return to Online Registration](11)

- Section 1 – Type of Registration
- Section 2 – Facility Name / Address Information
- Section 3 – Optional: Preferred Mailing Address Information
- Section 4 – Parent Company Name / Address Information and Trade Names
- Section 5 – Facility Emergency Contact Information
- Section 6 – Trade Names
- Section 7 – United States Agent
- Section 8 – Seasonal Facility Dates of Operation
- Section 9 – Type of Storage (for Facilities that are Primarily holders)
- Section 10 – Type of Activity Conducted at the Facility and General Product Categories – Human/Animal/Both
- Section 10b – Type of Activity Conducted at the Facility and General Product Categories – Food for Animal Consumption
- Section 11 – Owner, Operator, or Agent in Charge Information
- Section 12 – Inspection Statement
- Section 13 – Certification Statement
- Save and Exit - Save a Partially Completed Registration

Register a Food Facility

After you have logged in to FDA Industry Systems, choose "Food Facility Registration" from the list of systems available on the FURLS Home Page (Figure 1.)

Figure 1

To register a food facility choose "Register a Food Facility." from the Main Menu in the Food Facility Registration Module (FFRM) home page (Figure 2). After you have registered a facility you may also use this menu to complete a draft registration, update a facility registration, cancel a facility registration, link a registration to your account, search for one of your facility registrations, manage registrations among your accounts or confirm receipt of a mailed notification.

Figure 2

At the top of every page in FFRM (Figure 3), a status bar will track your progress through each step of the online application process. A "Get Help" link will provide page specific help. For an overview of all the help files available see the FDA Industry Systems Index of Help Pages.
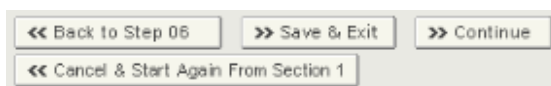
At the top right of the page the link "FURLS Home" will take you to the FIS/FURLS home page (Figure 1). "FFRM Home" will take you to the Food Facility Registration main menu (Figure 2). Choose FURLS Home to log out.

Figure 3

At the top and bottom of each screen are 3 navigation buttons (See Figure 4 below)

Figure 4

- Back to Step XX - go back one screen and continue entering registration information. Information entered on the current screen will not be saved.
- Continue - go to the next screen and continue entering registration information.
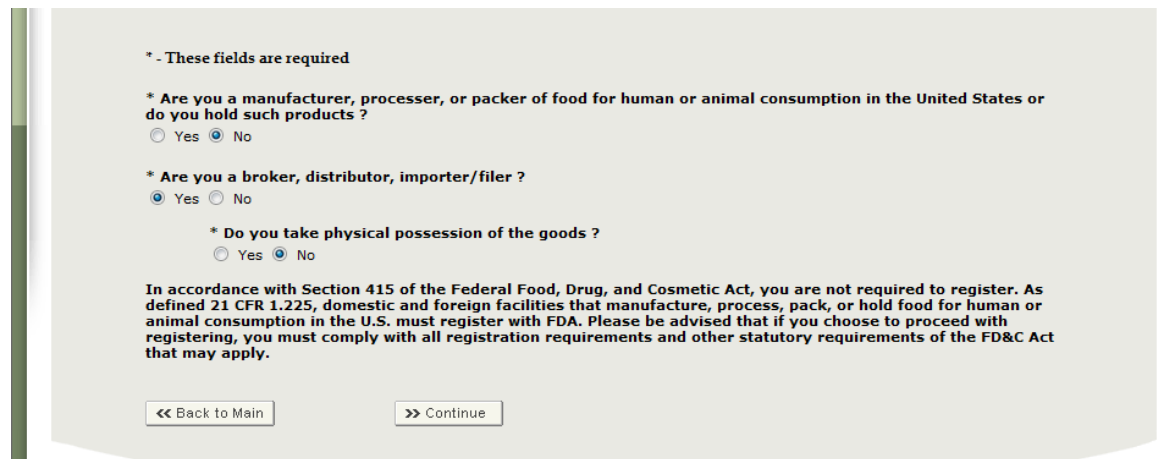
- Cancel & Start Again from Section X- the system will return you to the previous section. Any information you entered will not be saved.
- Save and Exit – save a partially complete registration. (See Save and Exit-Save a Partially Completed Registration for more details)

Broker Identification

Fields marked with an asterisk (*) are mandatory. This section is required.

If you are creating a registration for the first time, the following questions will be displayed before Section 1 of the registration process. These questions will identify who you are and whether you need to register your facility.

Figure 4b

Regardless of the answers chosen, you may continue to register your food facility. You may also view your responses on the registration review page.

Fields Included in this Section

Fields marked with an asterisk (*) are mandatory.

*Are you a manufacturer, processer, or packer of food for human or animal consumption in the United States or do you hold such products?	Select "No" if you are not a manufacturer, processer, or packer of food for human or animal consumption in the United States or you do not hold such products.
*Are you a broker, distributor, importer/filer?	Select "Yes" if you are a broker, distributor, importer/filer.
*Do you take physical possession of the goods?	Select "No" if you do not take physical possession of the goods.

Register a Food Facility -- Step 1

Fields marked with an asterisk (*) are mandatory.

Section 1 - Type of Registration

This section is required.

Indicate the location of the facility being registered and whether you are submitting a registration as a new owner of a previously registered facility (Figure

5). (Subaccounts have the option of determining if their account will be automatically linked to this registration or not.)

Figure 5

Select Continue.

Fields Included in this Section

Fields marked with an asterisk (*) are mandatory.

*Type of Registration	Specifies whether the facility is located within or outside the United States of America. Choose one of the following two options: Domestic Registration - to indicate that the facility is located in a State or Territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico. - or - Foreign Registration - to indicate a facility is not a domestic facility.
Are You The New Owner Of A Previously Registered Facility?	Select Yes if you are submitting a registration as a new owner of a previously registered facility. Select No if you are submitting a registration for a facility never previously registered.
Previous owner's title	Select a title for the previous owner from one of the options shown (Mr., Mrs., Miss, Ms, Dr., Other). If "other" is chosen, the system will allow you to enter your own title.

Previous owner's name	If you are a new owner of a previously registered facility, provide the name of the previous owner of the facility, if known.
Previous owner's registration number	The Registration Number is assigned to a facility by FDA. If you are a new owner of a previously registered facility, provide the previous owner's registration number for this facility, if known. If the new owner provides the old registration number, FDA will send a notification to the former owner seeking confirmation, and will cancel the former registration upon receipt of confirmation, or FDA's independent confirmation of a change in ownership, whichever occurs first. If the new owner does not provide the old registration number, FDA will keep the old registration in its database until it independently affirms that the facility is under new ownership.

Register a Food Facility -- Step 2

Enter the name and address of the facility being registered. As an option, you may also enter information about a Preferred Mailing Address if that address is different from the Facility Address.

Section 2 - Facility Name / Address Information

This section is required.

Enter the name, address, phone number, FAX number, and e-mail address of the facility being registered (Figure 6).

If you would like to have the system fill in this section using the information you entered when you created your account, select the "Auto fill Address" option.

Figure 6

Fields Included in this Section

Fields marked with an asterisk (*) are mandatory.

*Facility Name	The name of the facility being registered.
Facility Name Suffix	The type of company, for example, "company," "corporation," or "limited."
*Country/Area	The country/area in which the facility is located. For foreign registrations, select a country/area from the pull-down menu. (For domestic registrations, United States is filled in automatically.)

Facility Street Address, Line 1	The street name and address number
Facility Street Address, Line 2	The second street name and address number, if applicable. May also enter information such as Suite number.
*Zip Code (Postal Code)	The state, province, or territory in which the facility is located. Select a state, province, or territory from the pull-down menu when applicable or select "Not applicable."
*City	The city in which the facility is located.
*State/Province /Territory	The state, province, or territory in which the facility is located. Select a state, province, or territory from the pull-down menu when applicable or select "Not applicable."
*Phone Number Country Code	For foreign registrations, the three-digit country code of the telephone number for the facility being registered
*Phone Number Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the facility being registered.
*Phone Number	The telephone number of the facility being registered.
Phone Number Extension	The telephone extension, if any, dialed after the telephone number, of the facility being registered
FAX Number Country Code	For foreign registrations, the three-digit country code of the telephone number of the FAX machine for the facility being registered
FAX Number Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the FAX machine of the facility being registered.
FAX Number	The telephone number of the FAX machine of the facility being registered.
*E-mail Address	An electronic mail address for the facility being registered.

If your facility has a preferred mailing address complete Section 3, otherwise select Continue to validate your address (es).

Note: The messages, "Facility Address is invalid" or "The address submitted has been validated with corrections" means that the system was unable to verify the address (es) you entered. You are advised to re-check the address (es) entered. If they are incorrect, select "Return to Step 2 and make changes' to correct the information. If the changes made by the system are correct select "Accept validated address and continue." If you wish to keep your original address as entered, select "Keep your address and continue" and continue with the registration. The registration will be processed normally.

Figure 6b

Note: If you receive the following message after your address has been validated, then the system has determined that the new registration you are attempting to create may be a possible duplicate to an existing registration. While you may continue to create your new registration, please be aware that i has been flagged and will be reviewed by the FDA.

Figure 6c

Section 3 - Optional: Preferred Mailing Address Information

This section is optional, but if you intend to enter a preferred mailing address, fields that are marked with *** are required.

***Name	The name of the facility being registered.
***Country/Area	The country/area in which the facility is located. For foreign registrations, select a country/area from the pull-down menu. (For domestic registrations, United States is filled in automatically.)
***Address, Line 1	The street name and address number
Address, Line 2	The second street name and address number, if applicable. May also enter information such as Suite number.
***Zip Code (Postal Code)	The state, province, or territory in which the facility is located Select a state, province, or territory from the pull-down menu when applicable or select "Not applicable."
***City	The city in which the facility is located.
*State/Province /Territory	The state, province, or territory in which the facility is located. Select a state, province, or territory from the pull-down menu when applicable or select "Not applicable."

***Phone Number Country Code	For foreign registrations, the three-digit country code of the telephone number for the facility being registered
***Phone Number Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the facility being registered.
***Phone Number Phone Number	The telephone number of the facility being registered.
Phone Number Extension	The telephone extension, if any, dialed after the telephone number, of the facility being registered
FAX Number Country Code	For foreign registrations, the three-digit country code of the telephone number of the FAX machine for the facility being registered
FAX Number Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the FAX machine of the facility being registered.
FAX Number	The telephone number of the FAX machine of the facility being registered.
E-mail Address	An electronic mail address for the facility being registered.

Figure 7

Select Continue to validate your Preferred Mailing Address.

Note: The messages, "Facility Address is invalid" or "The address submitted has been validated with corrections" means that the system was unable to verify the address (es) you entered. You are advised to re-check the address (es) entered. If they are incorrect, select "Return to Step 3 and make changes" to correct the information. If the changes made by the system are correct select "Accept validated address and continue." If you wish to keep your original address as entered, select "Keep your address and continue" and continue with the registration. The registration will be processed normally.

Figure 7b

Register a Food Facility -- Step 4

Section 4 - Parent Company Name/Address Information and Trade Names

This section is optional; enter if applicable and if different than information entered in section 2 or 3.

The company that owns the facility being registered is referred to as the Parent Company. If the Facility and the Parent Company have different names, you must complete this section (Figure 8); if they have the same name, leave this section blank. The Facility Address and the Parent Company Address do not need to be in the same country/area.

This section is optional, but if you intend to enter a parent company name/address, fields that are marked with *** are required.

Fields Included in this Section:

	Specifies whether the parent company name/address information is identical to previously entered information. If you choose one of these and decide the information is not what you wanted, you may choose Clear to undo and fill in the correct information manually.
If information is the same as another section, check which section applies.	• Choose Section 2 if the parent company name/address is the same as the facility name/address information entered in Section 2: Facility Name / Address Information. or - • Choose Section 3 if the parent company name/address is the same as the preferred mailing address information entered in Section • 3: Preferred Mailing Address Information. or - • Choose None of the Above if your Parent Company name address is different from the Facility and the Preferred Mailing Addresses • Choose Clear if you need to clear Section 4

AutoFill Address	If this is the first facility registration entered by this account holder this session, this option will copy the company address data from your account information. Otherwise, this option will fill the address fields automatically using data in this section from the last registration entered this session. If you choose AutoFill, and decide the information is not what you wanted, you may choose Clear to undo and fill in the correct information manually.
***Name of Parent Company	The name of the company that owns the facility being registered, if different from facility name.
***Parent Company Suffix	The type of company, for example "company," "corporation," or "Limited."
***Country/Area	The country/area in which the parent company is located. For foreign registrations, select a country/area from the pull-down menu. (For domestic registrations, United States is filled in automatically.)
*** Street Address of Parent Company, Line 1	The street name and address number.
Street Address of Parent Company, Line 2	The second street name and address number, if applicable. May also enter information such as Suite number.
***Zip Code (Postal Code)	The state, province, or territory in which the parent company is located. Select a state, province, or territory from the pull-down menu when applicable or select "Not applicable."
***City	The city in which the parent company is located.
***State/Province/Territory	The state, province, or territory in which the parent company is located. Select a state, province, or territory from the pull-down menu when applicable or select "Not applicable."
***Phone Number Country Code	For foreign registrations, the three-digit country code of the telephone number for the parent company.
***Phone Number Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the parent company.
***Phone Number	The telephone number of the parent company.
Phone Number Extension	The telephone extension, if any, dialed after the telephone number, of the parent company.
FAX Number Country Code	For foreign registrations, the three-digit country code of the telephone number of the FAX machine for the parent company.
FAX Number Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the FAX machine of the parent company.
FAX Number	The telephone number of the FAX machine of the parent company.
E-mail Address	An electronic mail address for the parent company.

The Alternate Trade Name(s) section is required, if applicable.

Enter alternate trade name information. If this facility conducts business under a name other than that entered in Section 2: Facility Name / Address

Information complete this section. For example, complete this section if you describe your facility as "also doing business as ..." or "facility also known as ...

Figure 8

Section 5 - Facility Emergency Contact Information

Enter the Facility Emergency Contact Information (Figure 9b). FDA will use this information in case of emergency to notify the facility of the nature of the emergency. Unless foreign facilities choose to designate another emergency contact, FDA will use their U.S. agent as the emergency contact. If you are registering a foreign facility, the system will prompt you to indicate whether you wish to use your U.S. Agent as your emergency contact (Figure 9a)

Fields Included in this Section

For domestic facilities, fields marked with asterisks (*) are required.

Title	The title for the emergency contact, such as "Mr.," or "Mrs."
First Name	The First name of the emergency contact person.
Middle Name	The Middle name of the emergency contact person.
Last Name	The Last name of the emergency contact person.
Job Title	The title for the emergency contact, such as "manager," "ceo," "president."

*Emergency Contact Phone Number Country Code	For foreign registrations, the three-digit country code of the telephone number for the facility being registered
* Emergency Contact Phone Number Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the facility being registered.
*Emergency Contact Phone Number Phone Number	The telephone number of the emergency contact.
Phone Number Extension	The telephone extension, if any, dialed after the telephone number of the emergency contact.
E-mail Address	An electronic mail address for the emergency contact.

Figure 9a

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.

Is your Emergency Contact Information the same as U.S. Agent's Contact Information?

○ Yes ○ No

Figure 9b

Section 6 - Trade Names

This section has been combined with section 4 to form a new section titled: Parent Company Name/Address Information & Trade Names (Figure 10).

Figure 10

Section 7 - United States Agent

This section is required for registration of foreign facilities.

Enter information about the United States Agent for the facility being registered. (Figure 11) Every foreign facility must have a U.S. Agent who acts as the

domestic communications representative for that facility. If you indicated in Section 1: Type of Registration that the facility being registered is a foreign facility, you are required to enter information about the U.S. Agent. Domestic facilities do not require a U.S. Agent.

Fields Included in this Section

For foreign facilities, all fields marked with asterisks (**) are required.

Note: The U.S. Agent should not be confused with the Agent in Charge, which is another type of submitter for either domestic or foreign facilities.

Autofill Address	If this is the first facility registration entered by this account holder this session, no data will be entered. Otherwise, this option will fill the address fields automatically using data in this section from the last registration entered this session. If you choose AutoFill, and decide the information is not what you wanted, you may choose Clear to undo and fill in the correct information manually.
Are you an individual, partnership, corporation, or association?	Select the option that best describes the U.S. Agent type.
*First Name of U.S. Agent	The first name of the person acting as U. S. Agent for the foreign facility being registered.
Middle Name of U.S. Agent	The middle name of the person acting as U. S. Agent for the foreign facility being registered.
Last Nme of U.S. Agent	The last name of the person acting as U. S. Agent for the foreign facility being registered.
*Country/Area	The country/area in which the U.S. Agent is located. Because the U.S. Agent must reside in the U.S., the Country/Area is automatically filled in with "United States."
U.S. Agent Street Address, Line 1	The street name and address number of the U.S. Agent.
U.S. Agent Street Address, Line 2	The second street name and address number, if applicable. May also enter information such as Suite number.
*Zip Code	The zip code for the U.S. address of the U.S. Agent.
*City	The city in which the U.S.Agent is located.
*State/Province/Territory	The state, province, or territory in which the U.S. Agent is located. Select a state, province, or territory from the pull-down menu when applicable or select "Not applicable."
*Phone Number Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the U.S. Agent.
*Phone Number	The telephone number of the U.S. Agent.
Phone Number Extension	The telephone extension, if any, dialed after the telephone number, of the U.S. Agent.
*Emergency Contact Phone Number Area/City Code	The telephone number of the U. S. Agent that FDA can call 24 hours a day, 7 days a week, in case of emergency.

Emergency Contact Fax Number Area/City Code	The FAX number of the U. S. Agent that FDA can call 24 hours a day, 7 days a week, in case of emergency.
*E-mail Address	An electronic mail address for the U.S. Agent.

Figure 11

Select Continue to validate the US Agent address.

Note: The messages, "Facility Address is invalid" or "The address submitted has been validated with corrections" means that the system was unable to

verify the address (es) you entered. You are advised to re-check the address (es) entered. If they are incorrect, select "Return to Step 6 and make changes' to correct the information. If the changes made by the system are correct select "Accept validated address and continue." If you wish to keep your original address as entered, select "Keep your address and continue" and continue with the registration. The registration will be processed normally.

Figure 11b

Register a Food Facility -- Step 7

Setion 8 - Seasonal Facility Dates of Operation

Indicate the approximate dates during which this facility operates if it operates on a seasonal basis. You may select up to two different Harvest periods with a start and end month. (Figure 12).

This section is optional.

Dates of Operation For Harvest 1	The approximate months during which the facility operates, if it operates on a seasonal basis. Select Start Month and End Month.
Dates of Operation For Harvest 2	The approximate months during which the facility operates, if it operates on a seasonal basis. Select Start Month and End Month.

Figure 12

Section 9 - Types of Storage (for Facilities that are Primarily holders)

This section is optional.

If the facility being registered is solely a warehouse/holding facility, you may choose to complete this section (Figure 13). If the facility is not solely a warehouse/holding facility you may skip this section.

Figure 13

Register a Food Facility-- Step 8

Section 10 –Type of Activity Conducted at the Facility and General Product Categories –Human/Animal/Both

This section is required.

All facilities that are registering must complete section 10a, 10b or both sections if applicable. Select as many of the categories as appropriate.
If your facility does not manufacture, process, pack or hold food for human consumption, select box 39: "None of the Above Mandatory Categories." You may then enter in your own description in the text box provided.

The Type of Activity Conducted at the Facility selections are optional. You may check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food. For example, if the Product Category "alcoholic beverages, number 2" is selected, and you perform as a "manufacturer/processor" you would select that option on line 2 in the eighth column.

After selecting "Food for Human Consumption" or "Food for Animal Consumption", you may continue and first select the General Product Categories that are conducted at your facility. You may then select the Activity Types that are associated with those categories on the following screen.

Examples for Section 10a and 10b are shown below (Figure 14 and Figure 15).

Figure 14

SECTION 10a **GENERAL PRODUCT CATEGORIES - FOOD FOR HUMAN CONSUMPTION; and TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (OPTIONAL)**

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 39.

- [ ] 1. ACIDIFIED FOODS (AF) [21 CFR 114.3(b)]
- [ ] 2. ALCOHOLIC BEVERAGES [21 CFR 170.3 (n) (2)]
- [x] 3. BABY (INFANT AND JUNIOR) FOOD PRODUCTS Including Infant Formula
- [ ] 4. BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS [21 CFR 170.3 (n) (1), (9)]
- [ ] 5. BEVERAGE BASES [21 CFR 170.3 (n) (3), (35)]
- [ ] 6. CANDY WITHOUT CHOCOLATE, CANDY SPECIALTIES AND CHEWING GUM [21 CFR 170.3 (n) (6), (9), (25), (38)]
- [ ] 7. CEREAL PREPARATIONS, BREAKFAST FOODS, QUICK COOKING / INSTANT CEREALS [21 CFR 170.3 (n) (4)]
- [ ] 8. CHEESE AND CHEESE PRODUCT CATEGORIES [21 CFR 170.3 (n) (5)]
    - [ ] a. Soft, Ripened Cheese
    - [ ] b. Semi-Soft Cheese
    - [ ] c. Hard Cheese
    - [ ] d. Other Cheeses and Cheese Products
- [ ] 9. CHOCOLATE AND COCOA PRODUCTS [21 CFR 170.3 (n) (3), (9), (38), (43)]
- [x] 10. COFFEE AND TEA [21 CFR 170.3 (n) (3), (7)]
- [ ] 11. COLOR ADDITIVES FOR FOODS [21 CFR 170.3 (o) (4)]
- [ ] 12. DIETARY CONVENTIONAL FOODS OR MEAL REPLACEMENTS (Includes Medical Foods) [21 CFR 170.3 (n) (31)]
- [ ] 13. DIETARY SUPPLEMENT CATEGORIES
    - [ ] a. Proteins, Amino Acids, Fats and Lipid Substances [21 CFR 170.3(o) (20)]
    - [ ] b. Vitamins and Minerals
    - [ ] c. Animal By-Products and Extracts
    - [ ] d. Herbals and Botanicals
- [ ] 14. DRESSING AND CONDIMENTS [21 CFR 170.3 (n) (8), (12)]
- [ ] 15. FISHER / SEAFOOD PRODUCT CATEGORIES [21 CFR 170.3 (n) (13), (15), (39), (40)]
    - [ ] a. Fin Fish, Whole or Filet
    - [ ] b. Shellfish
    - [ ] c. Ready to Eat (RTE) Fishery Products
    - [ ] d. Processed and Other Fishery Products
- [ ] 16. FOOD ADDITIVES, GENERALLY RECOGNIZED AS SAFE (GRAS) INGREDIENTS, OR OTHER INGREDIENTS USED FOR PROCESSING [21 CFR 170.3 (n) (42); 21 CFR 170.3 (o) (1), (2), (3), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (22), (23), (24), (25), (26), (27), (28), (29), (30), (31), (32)]
- [ ] 17. FOOD SWEETENERS (NUTRITIVE) [21 CFR 170.3 (n) (9) (41), 21 CFR 170.3 (o) (21)]
- [ ] 18. FRUIT AND FRUIT PRODUCTS [21 CFR 170.3 (n) (16), (27), (28), (35), (43)]
    - [ ] a. Fresh Cut Produce
    - [ ] b. Raw Agricultural Commodities
    - [ ] c. Other Fruit and Fruit Products
- [ ] 19. FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS [21 CFR 170.3 (n) (3), (16), (35)]
- [ ] 20. GELATIN, RENNET, PUDDING MIXES, OR PIE FILLINGS [21 CFR 170.3 (n) (22)]
- [ ] 21. ICE CREAM AND RELATED PRODUCTS [21 CFR 170.3 (n) (20), (21)]
- [ ] 22. IMITATION MILK PRODUCTS [21 CFR 170.3 (n) (10)]
- [ ] 23. LOW ACID CANNED FOOD (LACF) PRODUCT [21 CFR 113.3(n)]
- [ ] 24. MACARONI OR NOODLE PRODUCTS [21 CFR 170.3 (n) (23)]
- [ ] 25. MEAT, MEAT PRODUCTS AND POULTRY (FDA REGULATED) [21 CFR 170.3 (n) (17), (18), (29), (34), (39), (40)]
- [ ] 26. MILK, BUTTER, OR DRIED MILK PRODUCTS [21 CFR 170.3 (n) (12), (30), (31)]
- [ ] 27. MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES [21 CFR 170.3 (n) (11) (14), (17), (18), (23), (24), (29), (34), (40)]
- [ ] 28. NUTS AND EDIBLE SEED PRODUCT CATEGORIES [21 CFR 170.3 (n) (26), (32)]
    - [ ] a. Nut and Nut Products
    - [ ] b. Edible Seed and Edible Seed Products
- [ ] 29. PREPARED SALAD PRODUCTS [21 CFR 170.3 (n) (11), (17), (18), (22), (29), (34), (35)]
- [ ] 30. SHELL EGG AND EGG PRODUCT CATEGORIES [21 CFR 170.3 (n) (11), (14)]

Register a Food Facility-- Step 9

Section 10b –Type of Activity Conducted at the Facility and General Product Categories – Food for Animal Consumption

This section is optional.

Select as many of the 27 categories as appropriate. (See Figure 15) If none of the mandatory categories apply, select box 28: "None of the Above Food Categories." You may then enter in your own description in the text box provided.

Note: For more information on the use of food product categories in registration of food facilities, see Guidance for Industry: Necessity of the Use of Food Product Categories in Registration of Food Facilities. For more information about each of the categories included in Sections 10a and 10b, see the Product Code Builder and the relevant regulation (21 CFR 170.3).

Figure 15

SECTION 10b   GENERAL PRODUCT CATEGORIES - FOOD FOR ANIMAL CONSUMPTION; and TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (OPTIONAL)

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 28 .

- ☐ 1. GRAIN OR GRAIN PRODUCTS (I.E., BARLEY, GRAIN SORGHUMS, MAIZE, OAT, RICE, RYE, WHEAT, OTHER GRAINS OR GRAIN PRODUCTS)
- ☐ 2. OILSEED OR OILSEED PRODUCTS (I.E., COTTONSEED, SOYBEANS, OTHER OILSEEDS OR OILSEED PRODUCTS)
- ☐ 3. ALFALFA PRODUCTS OR LESPEDEZA PRODUCTS
- ☐ 4. AMINO ACIDS OR RELATED PRODUCTS
- ☐ 5. ANIMAL-DERIVED PRODUCTS
- ☐ 6. BREWER PRODUCTS
- ☐ 7. CHEMICAL PRESERVATIVES
- ☐ 8. CITRUS PRODUCTS
- ☐ 9. DISTILLERY PRODUCTS
- ☐ 10. ENZYMES
- ☐ 11. FATS OR OILS
- ☐ 12. FERMENTATION PRODUCTS
- ☐ 13. MARINE PRODUCTS
- ☑ 14. MILK PRODUCTS
- ☐ 15. MINERALS OR MINERAL PRODUCTS
- ☐ 16. MISCELLANEOUS OR SPECIAL PURPOSE PRODUCTS
- ☐ 17. MOLASSES OR MOLASSESS PRODUCTS
- ☐ 18. NON-PROTEIN NITROGEN PRODUCTS
- ☑ 19. PEANUT PRODUCTS
- ☐ 20. RECYCLED ANIMAL WASTE PRODUCTS
- ☐ 21. SCREENINGS
- ☐ 22. VITAMINS OR VITAMIN PRODUCTS
- ☐ 23. YEAST PRODUCTS
- ☐ 24. MIXED FEED (E.G., POULTRY, LIVESTOCK, EQUINE)
- ☐ 25. PET FOOD
- ☐ 26. PET TREATS OR PET CHEWS
- ☐ 27. PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)
- ☐ 28. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE)
  If the food categories listed above do not apply, then print the applicable food category or categories.

SECTION 10b   GENERAL PRODUCT CATEGORIES - FOOD FOR ANIMAL CONSUMPTION; and TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (OPTIONAL)

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 28 .	TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (Optional) Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.							
	Animal food manufacturer / Processor	Warehouse / Holding Facility (e.g. storage facilities, including storage tanks, grain elevators)	Acidified / Low Acid Food Processor	Contract Sterilizer	Repacker / Packer	Labeler / Relabeler	Salvage Operator (Reconditioner)	Other Activity Conducted
☑ 14. MILK PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐
☑ 19. PEANUT PRODUCTS	☐	☐	☐	☐	☐	☐	☐	☐

Register a Food Facility-- Step 10
Section 11 – Owner, Operator, or Agent in Charge Information

This section is required.

If the contact information for the owner, operator, or agent in charge is the same as that in another section of the form, choose the circle corresponding to that section;
Otherwise enter the information as requested (Figure 16).

Name of Entity or Individual who is the Owner, Operator, or Agent in charge	The name of the person or entity who is the owner, operator, or agent in charge of the facility being registered.
If information is the same as another section of the form, check which section	Specifies whether the owner, operator, or agent in charge address information is identical to previously entered information. **If you choose one of these and decide the information is not what you wanted, you may choose Clear to undo and fill in the correct information manually.**
	Choose Section 2 if the owner, operator, or agent in charge address information is the same as the facility address information entered in Section 2: Facility Name / Address Information. - or -
	Choose Section 3 if the owner, operator, or agent in charge address information is the same as the preferred mailing address information entered in Section 3: Preferred Mailing Address Information.
	- or - Choose Section 4 if the owner, operator, or agent in charge address information is the same as the Parent Company address information entered in Section 4: Parent Company Name / Address Information. - or - For foreign facilities, choose Section 7 if the owner, operator, or agent in charge address information is the same as the U. S. Agent address information entered in Section 7: United States Agent. - or - Choose Clear if you need to clear Section 12
*Country/Area	The country/area in which the owner, operator, or agent in charge of the facility being registered is located.
*Street Address Line 1	The address of the owner, operator, or agent in charge of the facility being registered. This can be a physical/geographical location or other mailing address.
Street Address Line 2	The second address line of the owner, operator, or agent in charge of the facility being registered. You may choose to enter a Suite or Apartment Number.
*Zip Code (Postal Code)	The zip code (for domestic addresses) or postal code (for foreign addresses) for the owner, operator, or agent in charge of the facility being registered.
*City	The city in which the owner, operator, or agent in charge of the facility being registered is located
*State/Province/Territory	The state, province, or territory in which the owner, operator, or agent in charge of the facility being registered is located. Select a state, province, or territory from the pull-down menu when applicable or select "Not applicable."

Phone Number Country Code	For foreign addresses, the three-digit country code for the owner, operator, or agent in charge of the facility being registered.
*Phone Number Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) for the owner, operator, or agent in charge of the facility being registered.
Phone Number	The telephone number for the owner, operator, or agent in charge of the facility being registered.
Phone Number Extension	The telephone extension, if any, dialed after the telephone number,
Fax Number Country Code	For foreign addresses, the three-digit country code for the owner, operator, or agent in charge of the facility being registered.
Fax Number Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) for the telephone number of the FAX Machine of the owner, operator, or agent in charge of the facility being registered.
Fax Number Fax Number	The FAX number of the owner, operator, or agent in charge of the facility being registered
E-mail Address	An electronic mail address for the owner, operator, or agent in charge of the facility being registered

Figure 16

Register a Food Facility-- Step 11

Section 12 – Inspection Statement

This section is required. See figure 17.

Select the check box that you acknowledge the FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug and Cosmetics Act.

Figure 17

Section 13 – Certification Statement

This section is required.

Enter information about yourself as the submitter of this registration, the person who authorized submission of this registration, and certify its truth and accuracy (Figure 18). Once you have completed this section, you will be given the opportunity to review your registration and make any changes before submitting it for processing.

The owner, operator, or agent in charge of the facility, or an individual authorized by the owner, operator, or agent in charge of the facility, must submit this form. By submitting this form to FDA, the owner, operator, or agent in charge or the individual authorized by the owner, operator, or agent in charge, certifies that the information submitted is true and accurate and that the facility has authorized the submitter to register on its behalf. 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.

Fields Included in this Section:

Fields marked with an asterisk (*) are mandatory.
Fields marked with two asterisks (**) are mandatory only if the section applies.

Check Box	The Secretary will be permitted to inspect facility at the time and in the manner permitted by this act.
Print Name of the Submitter	The first name and last name (surname) of the person submitting this form
Check one Box	Specify whether the owner, operator, or agent in charge of the facility, or an individual authorized by the owner, operator or agent in charge of the facility is submitting this form. Choose: A. Owner, Operator or Agent in Charge (Stop here, form is completed) - or - .B. Individual Authorized to Submit the Registration (Fill in address below) - If you checked box B above (Individual Authorized to Submit the Registration) because you are not the owner, operator, or agent in charge, you need to identify the person who authorized you to submit this registration. Choose:
Indicate who authorized you to submit the registration	Owner, Operator, or Agent in Charge (Stop here, form is completed.) - or - Fill in the name of individual who authorized registration on behalf of owner, operator, or agent in charge (Fill in address below).
****Authorizing Individual Country/Area*	The country/area in which the Authorizing Individual is located
Authorizing Individual Street Address, Line 1	The street name and address number of the Authorizing Individual

Authorizing Individual Street Address, Line 2	The second street name and address number, if applicable. May also enter information such as Suite number.
*Zip Code	The zip code for the U.S. address of the Authorizing Individual
*City	The city in which the Authorizing Individual is located.
*State/Province/Territory	The state, province, or territory in which the Authorizing Individual is located. Select a state, province, or territory from the pull-down menu when applicable or select "Not applicable."
*Phone Number Country Code	The Country code (for foreign addresses of the telephone number for the Authorizing Individual.
*Phone Number Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the Authorizing Individual.
Phone Number	The telephone number of the Authorizing Individual.
Phone Number Extension	The telephone extension, if any, dialed after the telephone number, Authorizing Individual.
FAX Country Code	The Country code (for foreign addresses) of the FAX machine for the Authorizing Individual.
FAX Number Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number of the FAX machine for the Authorizing Individual.
FAX Number Fax Number	The telephone number of the Fax machine of the Authorizing Individual.
E-mail Address	The electronic mail address of the authorizing individual.

Figure 18

Register a Food Facility-- Step 12

Registration Review

Review your registration before submitting it for processing. (Figure 19, partial view) Selecting the EDIT button for a section brings up the corresponding

data entry screen, from which you can edit and save changes.

Select Submit to submit the registration.

Note: The Facility Location under Section 1: Type of Registration (in which you indicate whether this is a domestic or foreign facility) cannot be changed at this point. If you wish to change the Facility Location, you must cancel this registration and begin a new registration.

Figure 19

Register a Food Facility-- Step 13

Registration Successful

A message indicates that your registration was submitted successfully, and your Registration Number and PIN are displayed (Figure 20). Record these numbers for your records.

If you plan to have another account owner update this registration, you may give this person the registration number and PIN to gain access. Note, however, that providing this person with the registration number and PIN also allows that person to cancel the registration.

To view the entire registration in its final form, select View Complete Registration. To return to the Main Menu, select Back to Main.

Fields Included in this Section:

Registration Number - The number assigned by FDA to this facility's registration

PIN - The Personal Identification Number for this facility's registration. A mixed-case alphanumeric string that can contain special characters.

Figure 20

Register a Food Facility -- View Complete Registration

View the complete registration in its final form. Using the buttons at the bottom of the screen, you can print a copy of the registration for your records. Or, you can return to the FFRM Main Menu to enter another registration or complete other registration tasks.

Note: The registration number and PIN are displayed at the top of the registration form.

Save and Exit - Save a Partially Completed Registration

Upon completing at least up to Section 2 of the Registration, the system will allow the user to save their registration as a draft. This will allow you to save a partially completed registration and return at a later time to complete the registration.

Please Note – the registration will be saved up to 7 days after the initial draft was completed. You must complete and submit the registration within 7 days or your draft will be deleted from the system.

When you choose to Save and Exit, the system will advise you that a temporary registration number has been assigned (Figure 21). This is temporary and may be used as a reference to complete your registration.

Figure 21
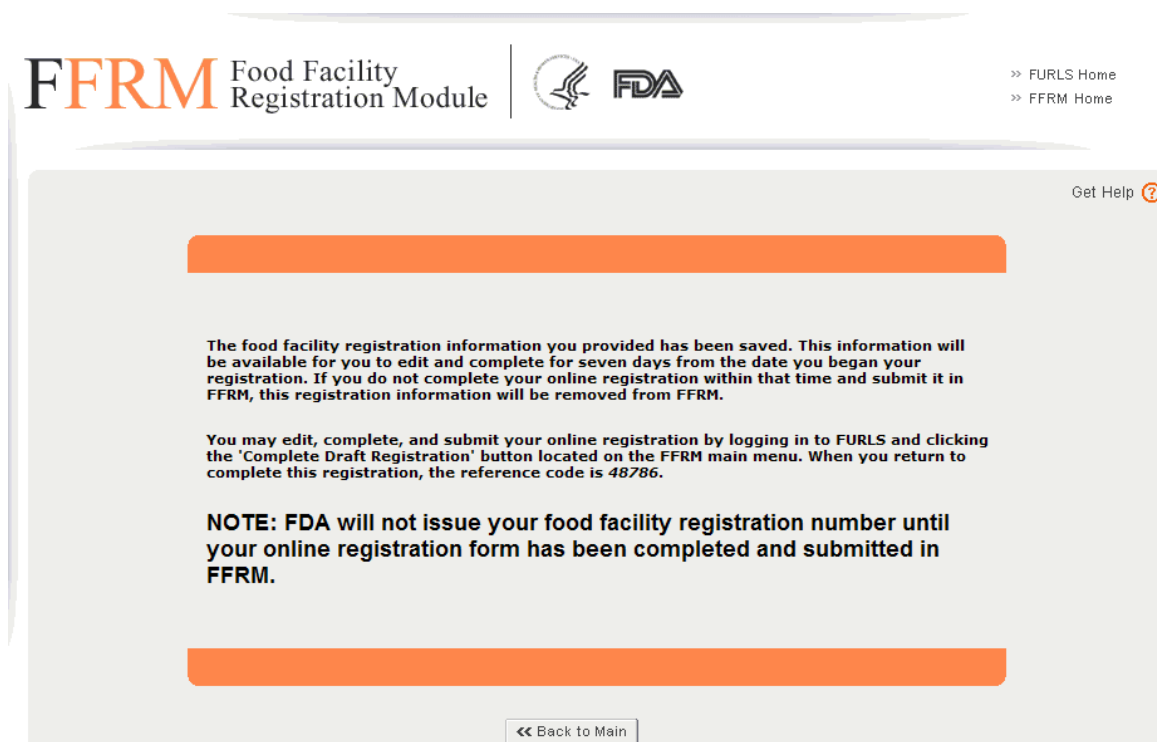
To access your draft registrations, select the Complete Draft Registration button from the FFRM main menu. (Figure 22).

Note: this button will only show up on the FFRM Main Menu if you have saved at least one draft registration using the save and exit option.

Figure 22

After choosing the Complete Draft Registration button the system will display all draft registrations that are available for you to complete (Figure 23).

Figure 23

Select the draft you wish to complete by clicking on the registration number. The system will display the registration with information already entered (Figure 24). You may select the "Edit" option next to the section you wish to complete. The system will walk you through the remainder of the registration.

Note: If you are continuing a draft registration that did not have Broker identification information, the following questions will be displayed before you may continue. These questions will identify whether you need to register your facility.

Figure 23b

Regardless of the answers chosen, you may continue with your draft registration.

Fields Included in this Section

Fields marked with an asterisk (*) are mandatory.

*Are you a manufacturer, processer, or packer of food for human or animal consumption in the United States or do you hold such products?	Select "No" if you are not a manufacturer, processer, or packer of food for human or animal consumption in the United States or you do not hold such products.
*Are you a broker, distributor, importer/filer?	Select "Yes" if you are a broker, distributor, importer/filer.
*Do you take physical possession of the goods?	Select "No" if you do not take physical possession of the goods.

Figure 24

Once complete, choose to Submit the registration. You will be assigned a registration number and PIN.

Page Last Updated: 07/01/2014
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.

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