



# **Food Facility Registration User Guide: Registration of Food Facilities Step-by-Step Instructions**

August 2022

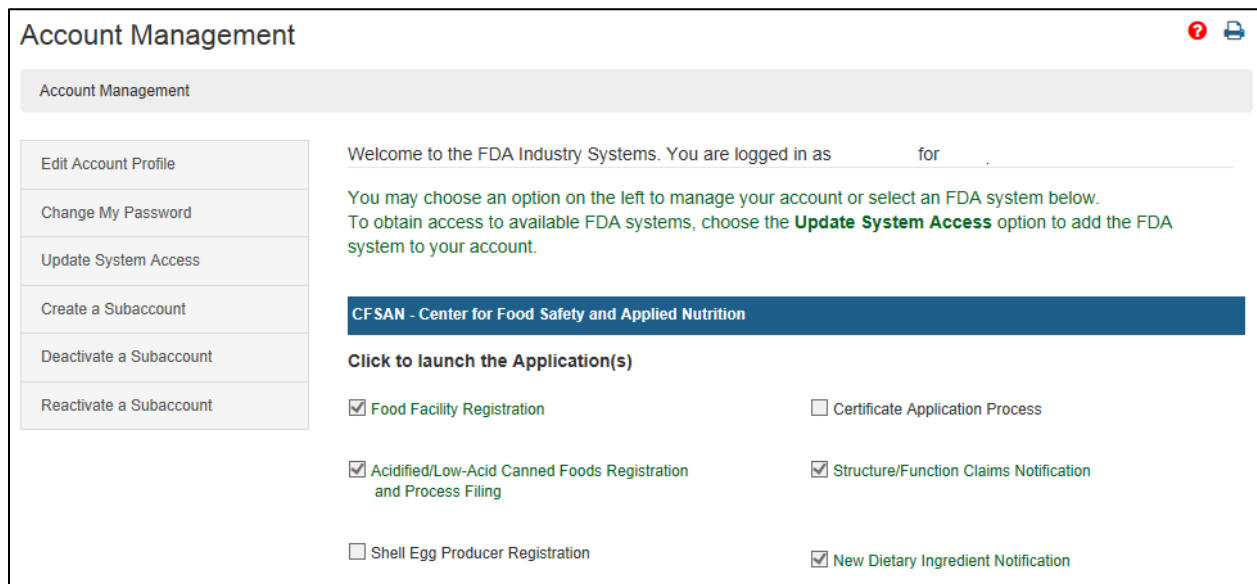
## Table of Contents

Register a Food Facility .....	3
Section 1 – Type of Registration.....	6
Section 2 – Facility Name / Address Information .....	8
Section 3 – Preferred Mailing Address Information (Optional).....	11
Section 4 – Parent Company Name/Address Information .....	13
Section 5 - Facility Emergency Contact Information .....	18
Section 6 – Trade Names.....	19
Section 7 - United States Agent.....	20
Section 8 - Seasonal Facility Dates of Operation (Optional) .....	24
Section 9 – General Product Categories – Human/Animal/Both .....	24
Section 9a – General Product Categories – Food for Human Consumption; and Type of Activity Conducted at the Facility .....	25
Section 9b – General Product Categories – Food for Animal Consumption; and Type of Activity Conducted at the Facility.....	26
Section 10 – Owner, Operator, or Agent in Charge Information .....	28
Section 11 – Inspection Statement.....	31
Section 12 – Certification Statement .....	31
Registration Review .....	34
Registration Successful.....	36
View Complete Registration .....	36
Save and Exit - Save a Partially Completed Registration.....	37

## Register a Food Facility

After you have logged in to FDA Industry Systems (FIS), choose "**Food Facility Registration**" from the list of available systems on the FDA Unified Registration and Listing System (FURLS) Account Management Home Page (**Figure 1**).

**Figure 1 – FURLS Account Management Home Page**



Once in the Food Facility Registration (FFR) system, choose the "**Register a Food Facility**" main menu option to register a food facility (**Figure 2**). From the FFR main menu you may also:

- Complete a draft registration
- Update a facility registration
- Cancel a facility registration
- Link a registration(s) to your account
- Search for one of your facility registrations
- Manage registrations among your accounts,
- Confirm receipt of a mailed notification
- Retrieve your registration's unique PIN if it is ever lost or forgotten
- Renew your registration(s) during biennial renewal periods every two years

**Figure 2 – Register a Food Facility Menu Option**

Food Facility Registration

FFR Home

FFR Home

Biennial Registration Renewal - 2022

**Register a Food Facility**

Update Facility Registration

Cancel Registration

Search Facility Registrations

Link Registration to your Account

Manage Registrations Among Accounts

Confirm Receipt Code

Retrieve Registration PIN

View Registration (U.S. Agent only)

U.S. Agent Voluntary Identification System

Welcome to the Food Facility Registration Module. Please select the menu option from the left to get started.

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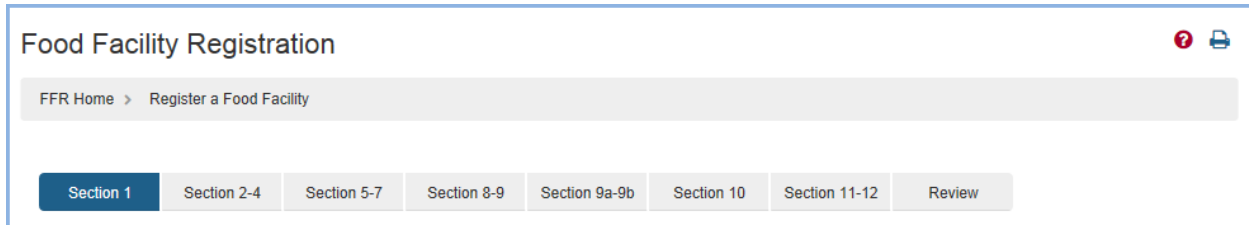
(Technical, Computer & General Questions)  
FFRDMS hours are Monday to Friday (excluding U.S. government holidays) from 9:00 am to 6:00 pm Eastern Standard Time

**Please Note:** The system will automatically time out if there is no activity for 30 minutes.

Form Approval: OMB No.0910-0502, Expiration date: 08/31/2022

At the top of every page, a status bar will track your progress through each step of the online application process (**Figure 3**). The help link (i.e., the red question mark at the top of every page) will provide page specific help if needed. For an overview of all the help files available see the FDA Industry Systems Index of Help Pages. At the top right of each page, the "**FURLS Home**" link will take you back to the FIS/FURLS home page (**Figure 1**) and the "**FFR Home**" link will take you to the Food Facility Registration main menu (**Figure 2**). Choose FURLS Home to log out of your account.

**Figure 3 – Online Application Progress**



Each screen also includes navigation buttons such as the following (**Figure 4**):

- **Previous** - Go back one screen and continue entering registration information. Information entered on the current screen will not be saved.
- **Save and Exit** – Save a partially complete registration. See **Save and Exit - Save a Partially Completed Registration** for details.
- **Next** - Go to the next screen and continue entering registration information.

**Figure 4 – Navigation Buttons**



### Broker Identification

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 (**Figure 5**). These questions will identify whether you need to register your facility.

**Figure 5 – Broker Identification Questions**

A screenshot of the 'Broker Identification' section. It contains three questions with radio button options:

- Question 1: 'Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?' with 'Yes' and 'No' options. 'No' is selected.
- Question 2: 'Are you a broker, distributor, importer/filer?' with 'Yes' and 'No' options. 'Yes' is selected.
- Question 3: 'Do you take physical possession of the food?' with 'Yes' and 'No' options. 'No' is selected.

Below the questions is a paragraph of text: 'In accordance with Section 415 of the Federal Food, Drug, and Cosmetic Act, you are not required to register. As defined in 21 CFR 1.225, domestic and foreign facilities that manufacture, process, pack, or hold food for human or animal consumption in the U.S. must register with the FDA. Please be advised that if you choose to proceed with registering, you must comply with all registration requirements and other statutory requirements of the FD&C Act that may apply.'

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

Field	Description
Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?	Select "No" if you are not a manufacturer, processor, 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, and importer/filer.
Do you take physical possession of the goods?	Select "No" if you do not take physical possession of the goods.

## 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 6**). (Subaccounts have the option of determining if their account will be automatically linked to this registration or not). Continue with the registration when complete.

**Figure 6 – Type of Registration**

**Section 1: Type of Registration**

**Facility Location**

Do you want to re-register a facility that has passed the registration renewal deadline?  
 Yes     No

Please enter the Registration Number of the registration that has passed the registration renewal deadline.

**Registration Number**

Are you the new owner of a previously registered facility?  
 Yes     No

If "Yes", provide the following information, if known.

**Previous Owner's Title (Optional)**

**Previous Owner's Name (Optional)**

**Previous Owner's Registration Number (Optional)**

**Fields Included in this Section**

Field	Description
<b>Facility Location</b>	Specifies whether the facility is located within or outside the United States of America. Choose one of the following two options: <ul style="list-style-type: none"> <li>• Domestic Registration – Indicates that the facility is located in a State or Territory of the United States, the District of Columbia, or</li> </ul>

Field	Description
	<p>the Commonwealth of Puerto Rico.</p> <ul style="list-style-type: none"> <li>Foreign Registration – Indicates a facility is not a domestic facility.</li> </ul>
<p><b>Do you want to re-register a facility that has passed the registration renewal deadline?</b></p>	<p>Select Yes if you are submitting a registration for a previously registered facility that had passed the registration renewal deadline.</p> <p>Select No if you are submitting a registration for a facility never previously registered.</p>
<p><b>Registration Number</b></p>	<p>Displayed if you are re-registering a facility that has passed the registration renewal deadline.</p> <p>Enter the registration number of the facility you want to re-register.</p>
<p><b>Are you the new owner of a previously registered facility?</b></p>	<p>Select Yes if you are submitting a registration as a new owner of a previously registered facility.</p> <p>Select No if you are submitting a registration for a facility never previously registered.</p>
<p><b>Previous owner's title (Optional)</b></p>	<p>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.</p>
<p><b>Previous owner's name (Optional)</b></p>	<p>If you are a new owner of a previously registered facility, provide the name of the previous owner of the facility, if known.</p>
<p><b>Previous owner's registration number (Optional)</b></p>	<p>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.</p>
<p><b>Do you want to link this registration to your enterprise account?</b></p>	<p>If the account is a Subaccounts, then the user has the option of determining if their account will be automatically linked to this registration or not.</p>

## Section 2 – Facility Name / Address Information

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.



This section is required.

Enter the name, address, phone number, FAX number, and e-mail address of the facility being registered (**Figure 7**).

If you would like to have the system fill in this section using the information you entered when you created your Online Account Administration (OAA) account, select the *“Autofill from Account Information”* option. Select *“Clear”* to clear all information entered on the screen.

**Figure 7 – Section 2: Facility Name/Address Information**

Step 2: Contact Information

^Section 2: Facility Name/Address Information

Clear    Autofill from Account Information

Facility Name

Facility Name Suffix  
Please Select ▼

Country/Area  
UNITED STATES

Street Address, Line 1

Street Address, Line 2 (Optional)

Zip/Postal Code  
  
Please enter 'NONE' in Zip Code field if Zip Codes are not used in selected Country/Area

City  
Please Select ▼

State/Province/Territory  
Please Select ▼

Telephone Number  
001    Area    Telephone    Ext  
Country    Area    Phone Number    Extension

Fax Number (Optional)  
001    Area    Fax  
Country    Area    Fax Number

E-Mail Address

Confirm E-Mail Address

Unique Facility Identifier (UFI)  
  
To obtain your DUNS number, [click here](#) to access the D&B website.

UFI Temporarily Unavailable  
If you are unable to provide a DUNS number at this time, please check this box and the Unique Facility Identifier (UFI) field will be set to "PENDING". You will have 90 calendar days to update this registration with a DUNS number. Failure to update with a valid DUNS number within 90 calendar days of submission will result in cancellation of the registration.

## Fields Included in this Section

Field	Description
<b>Facility Name</b>	The name of the facility being registered.
<b>Facility Name Suffix</b>	The type of company, for example, "company," "corporation," or "limited."
<b>Country/Area</b>	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.)
<b>Street Address, Line 1</b>	The street name and address number
<b>Street Address, Line 2</b>	The second street name and address number, if applicable. May also enter information such as Suite number.
<b>Zip/Postal Code</b>	The Zip/Postal code of selected Country/Area in which the facility is located. Please enter 'NONE' in Zip code field if Zip codes are not used in selected Country/Area
<b>City</b>	The city in which the facility is located.
<b>State/Province/Territory</b>	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.
<b>Telephone Number – Country</b>	For foreign registrations, the three-digit country code of the telephone number for the facility being registered
<b>Telephone Number – Area</b>	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the facility being registered.
<b>Telephone Number – Phone Number</b>	The telephone number of the facility being registered.
<b>Telephone Number – Extension</b>	The telephone extension, if any, dialed after the telephone number, of the facility being registered
<b>FAX Number – Country (Optional)</b>	For foreign registrations, the three-digit country code of the telephone number of the FAX machine for the facility being registered
<b>FAX Number – Area (Optional)</b>	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.
<b>FAX Number – FAX Number (Optional)</b>	The telephone number of the FAX machine of the facility being registered.

Field	Description
<b>E-mail Address</b>	An electronic mail address for the facility being registered.
<b>Confirm E-mail Address</b>	Confirm the email address entered. The E-Mails must match.
<b>UFI</b>	A Unique Facility Identifier (UFI) that allows users to identify the user's facility through a unique number such as a DUNS number.
<b>UFI Temporarily Unavailable</b>	Select if you are unable to provide a DUNS number.

### Section 3 – Preferred Mailing Address Information (Optional)

This section is optional but if your facility has a preferred mailing address then enter the information in Section 3 (**Figure 8**).

Field	Description
<b>Name</b>	The name of the facility being registered.
<b>Country/Area</b>	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.)
<b>Street Address, Line 1</b>	The street name and address number
<b>Street Address, Line 2</b>	The second street name and address number, if applicable. May also enter information such as Suite number.
<b>Zip /Postal Code</b>	The Zip/Postal code of selected Country/Area in which the facility is located. Please enter 'NONE' in Zip code field if Zip codes are not used in selected Country/Area
<b>City</b>	The city in which the facility is located.
<b>State/Province/Territory</b>	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."
<b>Telephone Number – Country (Optional)</b>	For foreign registrations, the three-digit country code of the telephone number for the facility being registered
<b>Telephone Number – Area (Optional)</b>	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the facility being registered.
<b>Telephone Number – Phone Number (Optional)</b>	The telephone number of the facility being registered.

Field	Description
<b>Telephone Number – Extension (Optional)</b>	The telephone extension, if any, dialed after the telephone number, of the facility being registered
<b>FAX Number – Country (Optional)</b>	For foreign registrations, the three-digit country code of the telephone number of the FAX machine for the facility being registered
<b>FAX Number – Area (Optional)</b>	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.
<b>FAX Number – FAX Number (Optional)</b>	The telephone number of the FAX machine of the facility being registered.
<b>E-mail Address (Optional)</b>	An electronic mail address for the facility being registered.
<b>Confirm E-mail Address (Optional)</b>	Confirm the email address entered. The E-Mails must match.

**Figure 8 – Section 3: Preferred Mailing Address Information**

^Section 3: Preferred Mailing Address Information

Is the preferred mailing address the same as the facility address (Section 2)?  
 Yes  No

**Name**

**Country/Area**

**Street Address, Line 1**

**Street Address, Line 2 (Optional)**

**Zip/Postal Code**  
  
Please enter 'NONE' in Zip Code field if Zip Codes are not used in selected Country/Area

**City**

**State/Province/Territory**

**Telephone Number (Optional)**  
     
Country Area Phone Number Extension

**Fax Number (Optional)**  
    
Country Area Fax Number

**E-Mail Address (Optional)**

**Confirm E-Mail Address (Optional)**

## Section 4 – Parent Company Name/Address Information

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

The company that owns the facility being registered is referred to as the Parent Company (**Figure 9**).

The Facility Address and the Parent Company Address do not need to be in the same country/area.

## Fields Included in this Section

Field	Description
<p><b>If information is the same as another section, check which section applies.</b></p>	<p>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.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Choose None of the Above if your Parent Company name address is different from the Facility and the Preferred Mailing Addresses</li> </ul>
<p><b>Clear</b></p>	<p>Select the “Clear” button if you need to clear Section 4</p>
<p><b>AutoFill from Account Information</b></p>	<p>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 clear and enter the correct information manually.</p>
<p><b>Company Name</b></p>	<p>The name of the company that owns the facility being registered, if different from facility name.</p>
<p><b>Company Name Suffix</b></p>	<p>The type of company, for example “Company,” “Corporation,” or “Limited.”</p>
<p><b>Country/Area</b></p>	<p>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.)</p>
<p><b>Street Address, Line 1</b></p>	<p>The street name and address number.</p>
<p><b>Street Address , Line 2</b></p>	<p>The second street name and address number, if applicable. May also enter information such as Suite number.</p>
<p><b>Zip/Postal Code</b></p>	<p>The Zip/Postal code of selected Country/Area in which the facility is located. Please enter 'NONE' in Zip code field if Zip codes are not used in selected Country/Area</p>

<b>Field</b>	<b>Description</b>
<b>City</b>	The city in which the parent company is located.
<b>State/Province/Territory</b>	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.
<b>Telephone Number Country (Optional)</b>	For foreign registrations, the three-digit country code of the telephone number for the parent company.
<b>Telephone Number – Area (Optional)</b>	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the parent company.
<b>Telephone Number – Phone Number (Optional)</b>	The telephone number of the parent company.
<b>Telephone Number – Extension (Optional)</b>	The telephone extension, if any, dialed after the telephone number, of the parent company.
<b>FAX Number – Country (Optional)</b>	For foreign registrations, the three-digit country code of the telephone number of the FAX machine for the parent company.
<b>FAX Number - Area (Optional)</b>	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.
<b>FAX Number – Fax Number (Optional)</b>	The telephone number of the FAX machine of the parent company.
<b>E-mail Address (Optional)</b>	An electronic mail address for the parent company.
<b>Confirm E-mail Address (Optional)</b>	Confirm the email address entered. The E-Mails must match.

If the facility conducts business under a name other than that entered in Section 2: Facility Name / Address Information, then complete this section as identifying any alternate trade names will be required. For example, complete this section if you describe your facility as "also doing business as ..." or "facility also known as ..."

**Figure 9 – Section 4: Parent Company Name/Address Information**

**Section 4: Parent Company Name/Address Information**

Is the parent company address the same as the facility address or preferred mailing address (Sections 2 and 3)?

Same as Facility Address (Section 2)  
 Same as Preferred Mailing Address (Section 3)  
 None of the above

**Company Name**

**Company Name Suffix**

**Country/Area**

**Street Address, Line 1**

**Street Address, Line 2 (Optional)**

**Zip/Postal Code**  
  
Please enter 'NONE' in Zip Code field if Zip Codes are not used in selected Country/Area

**City**

**State/Province/Territory**

**Telephone Number**  
     
Country Area Phone Number Extension

**Fax Number (Optional)**  
    
Country Area Fax Number

**E-Mail Address (Optional)**

**Confirm E-Mail Address (Optional)**

After completing Section 2, Section 3, and Section 4, the system performs address validation for the addresses entered in Section 2 and Section 3 when the user clicks “Next” button.



**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 entered. You are advised to re-check the address entered and if they are incorrect, select "*Edit Address*" to correct the information. If the changes made by the system are correct select "*Accept Validated Address.*" If you wish to keep your original address as entered, select "*Accept Provided Address*", and continue with the registration process (**Figure 10**).

**Figure 10 - Address Validation**

**Address Validation** [Close]

**WARNING:** This address has been verified; however minor modifications were made to the information you entered. Please indicate whether you wish to accept the modifications that were made, or correct the address yourself.

<b>YOUR FACILITY ADDRESS</b>	<b>VALIDATED FACILITY ADDRESS</b>
Street Address, Line 1:	Street Address, Line 1:
Street Address, Line 2:	Street Address, Line 2:
City:	City:
State/Province/Territory: Maryland	State/Province/Territory: Maryland
Zip/Postal Code:	Zip/Postal Code:
Country/Area: UNITED STATES	Country/Area: UNITED STATES

**Note:** If you receive the following message after your address has been validated, then the system has determined that the new registration that you are attempting to create may be a possible duplicate to an existing registration (**Figure 11**). While you may continue to create your new registration, please be aware that it has been flagged and will be reviewed by the FDA.

**Figure 11 – Possible Duplicate Registration**

Please note the registration that you are attempting to submit may be a duplicate of an existing registration in our system. If you still want to continue select Next to complete your registration. If you want to make changes select Back to return to Section 2 - Facility Name/Address Information. Please contact Food Facility Registration Data Management Support Services (FFRDMSS) for any additional assistance at 1-800-216-7331 or 240-247-8804.

Back
Next

[back to top](#)

## Section 5 - Facility Emergency Contact Information

Enter the Facility Emergency Contact Information (**Figure 12**). 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 your Emergency Contact information is the same as the U.S. Agent Contact information.

### Fields Included in this Section

Field	Description
<b>Title</b>	The title for the emergency contact, such as “Mr.,” or “Mrs.”
<b>First Name (Optional)</b>	The First name of the emergency contact person.
<b>Middle Name (Optional)</b>	The Middle name of the emergency contact person.
<b>Last Name (Optional)</b>	The Last name of the emergency contact person.
<b>Job Title (Optional)</b>	The title for the emergency contact, such as “Manager,” “CEO,” “President.”
<b>Telephone Number – Country</b>	For foreign registrations, the three-digit country code of the telephone number for the facility being registered
<b>Telephone Number – Area</b>	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the facility being registered.
<b>Telephone Number –</b>	The telephone number of the emergency contact.

Field	Description
Phone Number	
Telephone 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.
Confirm E-mail Address (Optional)	Confirm the email address entered. The E-Mails must match.

**Figure 12 - Section 5: Facility Emergency Contact Information**

**Section 5: Facility Emergency Contact Information**

For foreign facilities, FDA will use your U.S. agent as your emergency contact unless you choose to designate a different contact here.

If information is the same as another section, check which section:

Same as Facility Address (Section 2)  
 None of the above

Clear
Autofill from Account Information

**Title (Optional)**

Please enter 001 as country code for Anguilla, Antigua and Barbuda, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Dominican Republic, Grenada, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos Islands.

**First Name (Optional)**

**Telephone Number**

Country      Area      Phone Number

**Middle Name (Optional)**

**E-Mail Address**

**Last Name (Optional)**

**Confirm E-Mail Address**

**Job Title (Optional)**

## Section 6 – Trade Names

If this facility uses alternate trade names in addition to the name provided in Section 2, you can list them in Section 6: Trade Names (**Figure 13**).

### Fields Included in this Section

Field	Description
Alternate Trade Name	If this facility uses alternate trade names in addition to the name provided in Section 2, you can enter the names here.

Figure 13 - Trade Names

**Section 6: Trade Names**

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information**?

Yes    No

Alternate Trade Name #1

Alternate Trade Name #2

Alternate Trade Name #3

Alternate Trade Name #4

### Section 7 - United States Agent

This section is required for the successful registration of foreign facilities.

Enter information about the United States Agent for the facility being registered (**Figure 14**). Every foreign facility must have a U.S. Agent who acts as the domestic communications representative for that facility (domestic facilities do not require a U.S. Agent). The system will provide address validation upon continuing with the registration.

### Fields Included in this Section

**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.

Field	Description
<b>Autofill from Account Information</b>	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 to autofill, and decide the information is not what you wanted, you may clear and enter the correct information manually.
<b>Are you an individual, partnership, corporation, or association?</b>	Select the option that best describes the U.S. Agent type.
<b>Title (Optional)</b>	The title of the U.S. Agent
<b>First Name</b>	The first name of the person acting as U. S. Agent for the foreign facility being registered.
<b>Middle Name</b>	The middle name of the person acting as U. S. Agent for the foreign facility being registered.
<b>Last Name</b>	The last name of the person acting as U. S. Agent for the foreign facility being registered.
<b>Country/Area</b>	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."
<b>Street Address, Line 1</b>	The street name and address number of the U.S. Agent.
<b>Street Address, Line 2</b>	The second street name and address number, if applicable. May also enter information such as Suite number.
<b>Zip Code</b>	The zip code for the U.S. address of the U.S. Agent.
<b>City</b>	The city in which the U.S. Agent is located.
<b>State/Province/Territory</b>	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."
<b>Telephone Number Area/City Code</b>	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the U.S. Agent.
<b>Telephone Number – Phone Number</b>	The telephone number of the U.S. Agent.
<b>Telephone Number – Extension</b>	The telephone extension, if any, dialed after the telephone number, of the U.S. Agent.
<b>Emergency Contact Telephone Number</b>	The telephone number of the U. S. Agent that FDA can call 24 hours a day, 7 days a week, in case of emergency.

Field	Description
<b>Country/Area/Phone Number</b>	
<b>Fax Number – Country/Area/Phone Number (Optional)</b>	The FAX number of the U. S. Agent that FDA can call 24 hours a day, 7 days a week, in case of emergency.
<b>E-mail Address</b>	An electronic mail address for the U.S. Agent.
<b>Confirm E-mail Address (Optional)</b>	Confirm the email address entered. The E-Mails must match.

Figure 14 - United States Agent

**Section 7: United States Agent**

Note: If you modify this address, please review the address in Section(s) 11 to verify that those addresses are still correct.

(To be completed by facilities located outside any State or Territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico)

If you are assigning a new US agent please select Yes. If you are simply changing the name or address of your current US agent please select No.  
(Note: Registration number and PIN will be mailed to your new U.S Agent if you select Yes.)

Yes    No

[Clear](#)   [Autofill from Account Information](#)

Are you an individual, partnership, corporation, or association?

Title (Optional)

First Name

Middle Name (Optional)

Last Name

Country/Area

Street Address, Line 1

Street Address, Line 2

Zip Code

Please enter 'NONE' in Zip code field if Zip codes are not used in selected Country/Area

City

State/Province/Territory

Telephone Number  
     
Country   Area   Phone Number   Extension

Emergency Contact Telephone Number  
    
Country   Area   Phone Number

Fax Number (Optional)  
    
Country   Area   Phone Number

E-Mail Address

Confirm E-Mail Address

## Section 8 - Seasonal Facility Dates of Operation (Optional)

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 15).

Field	Description
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 15 - Seasonal Facility Dates of Operation

**Section 8: Seasonal Facility Dates of Operation (Optional)**

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Dates of Operation

**Harvest 1**

Start Month                      End Month

**Harvest 2**

Start Month                      End Month

## Section 9 – General Product Categories – Human/Animal/Both

Based on your facility’s activities, you may choose Food for Human Consumption and/or Food for Animal Consumption as shown in (Figure 16).

This section is required.



Figure 16 - General Product Categories

<p><b>Section 9: General Product Categories - Human/Animal/Both</b></p> <p><input type="checkbox"/> Food for Human Consumption</p> <p><input type="checkbox"/> Food for Animal Consumption</p>
--

## Section 9a – General Product Categories – Food for Human Consumption; and Type of Activity Conducted at the Facility

This section is required.

All facilities that are registering must complete section 9a, 9b, 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 37: ***“NONE OF THE ABOVE FOOD CATEGORIES APPLY”***. You may then enter in your own description in the text box provided.

The Type of Activity Conducted at the Facility selections is 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 1” is selected, and you perform as a “manufacturer/processor” you would select that option on line 2 in the eighth column.

***“Select all”*** and ***“Unselect All”*** options are also available which enables the user to select all the options available and unselect all the options selected at once.

Examples for Section 9a (**Figure 17 and Figure 18**).

**Figure 17 - Section 9a: General Product Categories**

**Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility**

**To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37.**

1. ALCOHOLIC BEVERAGES [21 CFR 170.3 (n) (2)]  
 2. BABY (INFANT AND JUNIOR) FOOD PRODUCTS Including Infant Formula  
 3. BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS [21 CFR 170.3 (n) (1), (9)]  
 4. BEVERAGE BASES [21 CFR 170.3 (n) (3), (35)]  
 5. CANDY WITHOUT CHOCOLATE, CANDY SPECIALTIES AND CHEWING GUM [21 CFR 170.3 (n) (6), (9), (25), (38)]  
 6. CEREAL PREPARATIONS, BREAKFAST FOODS, QUICK COOKING / INSTANT CEREALS [21 CFR 170.3 (n) (4)]

**Figure 18 - Section 9a: General Product Categories, Cont.**

**Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility**

TYPE OF ACTIVITY CONDUCTED AT THE FACILITY. Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.

Selected Product Name	Select Activity Types
12. DIETARY SUPPLEMENT CATEGORIES	
b. Vitamins and Minerals	None selected ▼

**Other Activity Conducted**

## **Section 9b – General Product Categories – Food for Animal Consumption; and Type of Activity Conducted at the Facility**

Select as many of the 32 categories as appropriate. If none of the mandatory categories apply, select box 33: *"NONE OF THE ABOVE FOOD CATEGORIES APPLY"*. You may then enter in your own description in the text box provided.

*"Select all"* and *"Unselect All"* options are also available which enables the user to select all the options available and unselect all the options selected at once.

**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 9a and 9b, see the Product Code Builder and the relevant regulation (21 CFR 170.3).

Examples for Section 9b (**Figure 19 and Figure 20**).

**Figure 19 - Section 9b: General Product Categories**

**Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility**

**To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33.**

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 PROTEIN PRODUCTS

6. BOTANICALS AND HERBS

**Figure 20 - Section 9b: General Product Categories Cont.**

**Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility**

TYPE OF ACTIVITY CONDUCTED AT THE FACILITY. Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.

Selected Product Name	Select Activity Types
1. GRAIN OR GRAIN PRODUCTS (I.E., BARLEY, GRAIN SORGHUMS, MAIZE, OAT, RICE, RYE, WHEAT, OTHER GRAINS OR GRAIN PRODUCTS)	None selected ▼

**Other Activity Conducted**

## Section 10 – 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 21**).

Field	Description
<b>Name of Entity or Individual who is the Owner, Operator, or Agent in charge If information is the same as another section of the form, check which section</b>	<p>The name of the person or entity who is the owner, operator, or agent in charge of the facility being registered. 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 clear and enter the correct information manually.</p> <p>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</p>

Field	Description
	Agent. - or - Choose None of the above if you need to enter new information.
<b>Country/Area</b>	The country/area in which the owner, operator, or agent in charge of the facility being registered is located.
<b>Street Address Line 1</b>	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.
<b>Street Address Line 2</b>	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.
<b>Zip/Postal Code</b>	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.
<b>City</b>	The city in which the owner, operator, or agent in charge of the facility being registered is located
<b>State/Province/Territory</b>	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."
<b>Telephone Number – Country</b>	For foreign addresses, the three-digit country code for the owner, operator, or agent in charge of the facility being registered.
<b>Telephone Number – Area</b>	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.
<b>Telephone Number – Phone Number</b>	The telephone number for the owner, operator, or agent in charge of the facility being registered.
<b>Telephone Number – Extension</b>	The telephone extension, if any, dialed after the telephone number,
<b>Fax Number – Country (Optional)</b>	For foreign addresses, the three-digit country code for the owner, operator, or agent in charge of the facility being registered.
<b>Fax Number – Area (Optional) Area</b>	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.
<b>Fax Number – Fax Number (Optional)</b>	The FAX number of the owner, operator, or agent in charge of the facility being registered

Field	Description
E-mail Address	An electronic mail address for the owner, operator, or agent in charge of the facility being registered
Confirm E-mail Address (Optional)	Confirm the email address entered. The E-Mails must match.

**Figure 21 - Owner, Operator, or Agent-in-Charge Information**

**Section 10: Owner, Operator, or Agent-in-Charge Information**

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge

Is their contact information the same as any of the previous sections?

Same as Facility Address (Section 2)  
 Same as Preferred Mailing Address (Section 3)  
 Same as Parent Mailing Address (Section 4)  
 Same as U.S. Agent Information (Section 7)  
 None of the above

[Clear](#)

**Country/Area**

**Street Address, Line 1**

**Street Address, Line 2 (Optional)**

**Zip/Postal Code**

Please enter 'NONE' in Zip Code field if Zip Codes are not used in selected Country/Area

**City (Non US)**

**State/Province/Territory**

**Telephone Number**

Country      Area      Phone Number      Extension

**Fax Number (Optional)**

Country      Area      Fax Number

**E-Mail Address**

**Confirm E-Mail Address**

## Section 11 – Inspection Statement

This section is required.

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 22**).

**Figure 22 - Inspection Statement**

<p><b>Section 11: Inspection Statement</b></p> <p><input checked="" type="checkbox"/> FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.</p>
--

## Section 12 – 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 23 and Figure 24**). 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.

If option B is selected then a screen will pop up and all the details have to be filled.

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:

Field	Description
Check Box	The Secretary will be permitted to inspect facility at the time and in the manner permitted by this act.

Field	Description
<b>Name of the Submitter</b>	The first name and last name (surname) of the person submitting this form
<b>Select option to indicate who authorized you to submit the registration</b>	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: 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).
<b>Individual's Name</b>	Fill in the name of individual who authorized registration on behalf of owner, operator, or agent in charge
<b>Country/Area</b>	The country/area in which the Authorizing Individual is located
<b>Street Address, Line 1</b>	The street name and address number of the Authorizing Individual
<b>Street Address, Line 2</b>	The second street name and address number, if applicable. May also enter information such as Suite number.
<b>Zip/Postal Code</b>	The zip code for the U.S. address of the Authorizing Individual
<b>City</b>	The city in which the Authorizing Individual is located.
<b>State/Province/Territory</b>	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."
<b>Telephone Number – Country</b>	The Country code (for foreign addresses of the telephone number for the Authorizing Individual.



Field	Description
Telephone Number – Area	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the Authorizing Individual.
Telephone Number – Phone Number	The telephone number of the Authorizing Individual.
Telephone Number – Extension	The telephone extension, if any, dialed after the telephone number, Authorizing Individual.
FAX Number – Country (Optional)	The Country code (for foreign addresses) of the FAX machine for the Authorizing Individual.
FAX Number – Area (Optional)	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 (Optional)	The telephone number of the Fax machine of the Authorizing Individual.
E-mail Address	The electronic mail address of the authorizing individual.
Confirm E-mail Address (Optional)	Confirm the email address entered. The E-Mails must match.

**Figure 23 - Certification Statement**

**Section 12: Certification Statement**

**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, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. 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.

**Name of the Submitter**

**Select One Option**

**A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)**

**B. ANOTHER AUTHORIZED INDIVIDUAL**

**Figure 24 - Certification Statement: Another Authorized Individual**

Select One Option

A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)

B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

Same as Section 10 Clear

Individual's Name

Country/Area

Street Address, Line 1

Street Address, Line 2 (Optional)

Zip/Postal Code

Please enter 'NONE' in Zip Code field if Zip Codes are not used in selected Country/Area

City (Non US)

State/Province/Territory

Telephone Number

Country  Area  Telephone  Ext

Country Area Phone Number Extension

Fax Number (Optional)

Country  Area  Fax

Country Area Fax Number

E-Mail Address

Confirm E-Mail Address

## Registration Review

Review your registration before submitting it for processing (**Figure 25, 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 or **“Cancel”** to cancel the submission.

**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 25 - Registration Review**

✓Section 1
✓Section 2-4
✓Section 5-7
✓Section 8-9
✓Section 9a-9b
✓Section 10
✓Section 11-12
Review

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date Created by

Created Date

Registration Status

Registration Status Reason

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

Yes     No

### Section 1: Type of Registration

Facility Location: **Domestic Registration**

Are you the new owner of a previously registered facility?

Yes     No

Previous Owner's Title:  
 Previous Owner's Name:  
 Previous Owner's Registration Number:

### Section 2: Facility Name/Address Information ✎ Edit

Facility Name	Telephone Number
Facility Name Suffix	Fax Number
Facility Street Address, Line 1	E-Mail Address
Facility Street Address, Line 2	
City	
State/Province/Territory	
Zip/Postal Code	
Country/Area	

### Section 3: Preferred Mailing Address Information ✎ Edit

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)?    **No**

Name	Telephone Number
Address, Line 1	Fax Number
Address, Line 2	E-Mail Address
City	
State/Province/Territory	
Zip Code (Postal Code)	
Country/Area	

## Registration Successful

A message indicates that your registration was submitted successfully, and your Registration Number, PIN and your registration's expiration date are displayed (**Figure 26**). 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.

## View Complete Registration

To view the entire registration in its final form, select "*View Complete Registration*". 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.

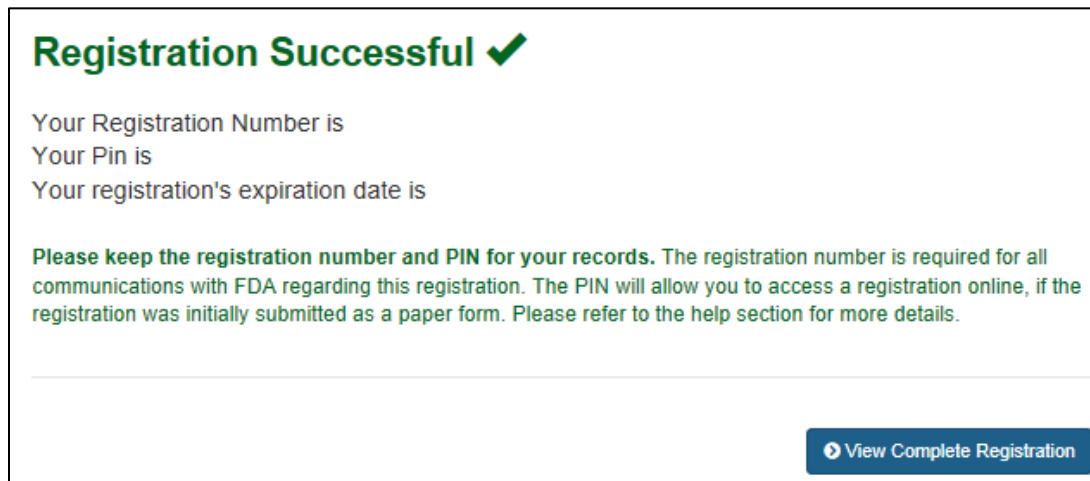
Note: The registration number and PIN are displayed at the top of the registration form.

### Fields Included in this Section:

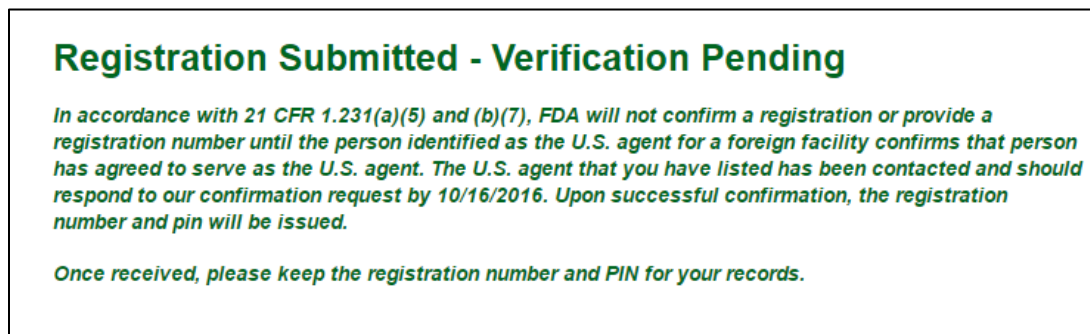
Field	Description
Registration Number	The number assigned by FDA to this facility's registration
PIN	The Personal Identification Number for this facility's registration
Registration Expiration Date	The date your facility's registration will expire

The system displays this message only if it is Domestic Registration submitted by Owner Operator (**Figure 26**). Otherwise, a different message is displayed (**Figure 27**).

**Figure 26 - Registration Submitted - Domestic Registration submitted by Owner Operator**



**Figure 27 - Registration Submitted**



## 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 “*Save and Exit*”, the system will advise you that a reference number has been assigned (**Figure 28**). This is temporary and may be used as a reference to complete your registration.

**Figure 28 - Draft Confirmation**

**Draft Confirmation** ✓

The food facility registration information you provided has been saved. This information will be available for you to edit and complete for seven days from the date you began your registration. If you do not complete your online registration within that time and submit it in FFRM, this registration information will be removed from FFRM.

You may edit, complete, and submit your online registration by logging in to FURLS and clicking the 'Complete Draft Registration' button located on the FFR Home. When you return to complete this registration, the reference code is 47256.

**NOTE: FDA will not issue your food facility registration number until your online registration form has been completed and submitted in FFRM.**

To access your draft registrations, select the *“Complete Draft Registration”* button from the FFRM main menu. 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.

After choosing the *“Complete Draft Registration”* button the system will display all draft registrations that are available for you to complete (**Figure 29**).

**Figure 29 - Complete Draft Registration**

**Complete Draft Registration**

Your account has access to the following draft registrations. Please click on a reference code to select a registration for update to complete the draft registration.

Show  entries

Reference Code	Facility Name	Facility Address
47256		

Showing 1 to 1 of 1 entries

Select the draft you wish to complete by clicking on the reference number. The system will display the registration with all the information that was previously entered (**Figure 30**). 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.

**Figure 30 - Review Registration**

✓Section 1

✓Section 2-4

✓Section 5-7

✓Section 8-9

✓Section 9a-9b

✓Section 10

✓Section 11-12

Review

Please review your registration. If all information is correct, click the **Submit** button below. To make changes to a section, click the **Edit** button for that section.

Date Created by

Created Date

Registration Status

Registration Status Reason

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?  
 Yes    No

### Section 1: Type of Registration

Facility Location: **Domestic Registration**

Are you the new owner of a previously registered facility?  
 Yes    No

Previous Owner's Title:  
 Previous Owner's Name:  
 Previous Owner's Registration Number:

### Section 2: Facility Name/Address Information ✎ Edit

Facility Name	Telephone Number
Facility Name Suffix	Fax Number
Facility Street Address, Line 1	E-Mail Address
Facility Street Address, Line 2	
City	
State/Province/Territory	
Zip/Postal Code	
Country/Area	

### Section 3: Preferred Mailing Address Information ✎ Edit

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? **No**

Name	Telephone Number
Address, Line 1	Fax Number
Address, Line 2	E-Mail Address
City	
State/Province/Territory	
Zip Code (Postal Code)	
Country/Area	