

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration PRIOR NOTICE SUBMISSION		Form Approved: OMB No. 0910-____ Expiration Date: _____		
Paperwork Reduction Act Statement An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 0.5-1.0 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to the address to the right:		Food and Drug Administration Center for Food Safety and Applied Nutrition <i>Office to be Determined</i> 5100 Paint Branch Parkway College Park, MD 20740-3835		
<input type="checkbox"/> Initial	<input type="checkbox"/> Held	<input type="checkbox"/> Amendment Product Identity	<input type="checkbox"/> Update Arrival Info	<input type="checkbox"/> Cancel
Mandatory Information		Mandatory if applicable		
Submitter				
First Name				
Last Name				
Submitting Firm				
<input type="checkbox"/> U.S. Purchaser		<input type="checkbox"/> U.S. Importer		
<input type="checkbox"/> U.S. Agent of Purchaser		<input type="checkbox"/> U.S. Agent of Importer		
<input type="checkbox"/> Carrier		<input type="checkbox"/> In-bond Carrier		
Name of Firm				
FDA Registration Number		<input type="checkbox"/> N/A	#	
Street Address				
City				
State				
Zip				
Phone				
FAX				
E-mail address				
Entry Type				
<input type="checkbox"/> Consumption	<input type="checkbox"/> T & E	<input type="checkbox"/> IE	<input type="checkbox"/> Mail	<input type="checkbox"/> Trade Fair
<input type="checkbox"/> Warehouse	<input type="checkbox"/> TIB	<input type="checkbox"/> Baggage	<input type="checkbox"/> Other	
Entry Type Customs Code				
Customs Entry Number/Customs Line Number/FDA Line Number				
Article held under FDA direction		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Name of Location				
Street Address				
City				
State		Zip		
Contact Name		Phone		

Date available at Location mm/dd/yy																								
<u>Product Identity</u>																								
FDA Product Code																								
Common/usual/market name																								
Trade/brand name																								
Quantity					Number					Measure														
Identifiers					<input type="checkbox"/> Lot number					<input type="checkbox"/> Production Code														
1																								
2																								
3																								
4																								
<u>Manufacturer</u>																								
Name of Firm																								
FDA Registration Number										<input type="checkbox"/> N/A					#									
Street Address																								
City																								
State/Province																								
Country																								
Zip/Mail code																								
Phone																								
FAX																								
E-mail address																								
<u>Grower</u>																								
Name of Firm																								
Street Address																								
City																								
State/Province																								
Country																								
Zip/Mail code																								
Phone																								
FAX																								
E-mail address																								
Growing Location street																								
Growing Location City																								
Growing Location State/Province																								
Growing Location Country																								
Growing Location Zip/Mail code																								
ADDITIONAL GROWERS										<input type="checkbox"/> No					<input type="checkbox"/> Yes					How Many?				
<u>GROWER 2</u>																								
Name of Firm																								
Street Address																								
City																								

State/Province			
Country			
Zip/Mail code			
Phone			
FAX			
E-mail address			
Growing Location street			
Growing Location City			
Growing Location State/Province			
Growing Location Country			
Growing Location Zip/Mail code			
<u>GROWER 3</u>			
Name of Firm			
Street Address			
City			
State/Province			
Country			
Zip/Mail code			
Phone			
FAX			
E-mail address			
Growing Location street			
Growing Location City			
Growing Location State/Province			
Growing Location Country			
Growing Location Zip/Mail code			
<u>Originating Country</u>		ISO code	
<u>Shipper</u>			
Name of Firm			
FDA Registration Number	<input type="checkbox"/> N/A	#	
Street Address			
City			
State/Province			
Country			
Zip/Mail code			
Phone			
FAX			
E-mail address			
<u>Country from which the article was shipped</u>		ISO code	
<u>Anticipated Arrival Information</u>			
Name of Crossing			

City of Crossing												
State of Crossing					Port of Entry Code							
Anticipated Date of Crossing mm/dd/yy												
Anticipated Time of Crossing					<input type="checkbox"/> am	<input type="checkbox"/> pm						
Port of Entry for Customs Purposes (port code)												
Date of Entry for Customs Purposes mm/dd/yy												
Importer												
Name of Firm												
FDA Registration Number	<input type="checkbox"/> N/A	#										
Street Address												
City												
State												
Zip												
Phone												
FAX												
E-mail address												
Owner												
Name of Firm												
FDA Registration Number	<input type="checkbox"/> N/A	#										
Street Address												
City												
State												
Zip												
Phone												
FAX												
E-mail address												
Consignee												
Name of Firm												
FDA Registration Number	<input type="checkbox"/> N/A	#										
Street Address												
City												
State												
Zip												
Phone												
FAX												
E-mail address												
Carrier 1												
Standard Carrier Abbreviation Code												
Name of Firm												
Street Address												

City					
State/Province					
Zip/mail code					
Country					
Phone					
FAX					
E-mail address					
Additional Carriers	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How Many?		
<u>Carrier 2</u>					
Standard Carrier Abbreviation Code					
Name of Firm					
Street Address					
City					
State/Province					
Country					
Zip/Mail code					
Phone					
FAX					
E-mail address					
<u>Carrier 3</u>					
Standard Carrier Abbreviation Code					
Name of Firm					
Street Address					
City					
State/Province					
Country					
Zip/Mail code					
Phone					
FAX					
E-mail address					
Amendment to follow					
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Cancel this submission					
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<p><i>This form must be submitted by the U.S. Importer or U.S. Purchaser, or U.S. Agent of the importer or purchaser, of the article of food being imported or offered for import. 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.</i></p>					