

# US Food Drug Administration Commission Validation Form

**Form Must Be Submitted Electronically - No Scanned or Photo Copied Images Will Be Accepted**

**PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING YOUR FDA COMMISSION.**

NOTE: Providing this information confirms an FDA commission is required for your work with the FDA.

**COMMISSION EXPIRATION DATE:** \_\_\_\_\_ The expiration date is located directly under your photograph.  
**(MM/DD/YYYY) \***

**COMMODITY AREAS:** \_\_\_\_\_  
**AREA 1 \*                      AREA 2                      AREA 3                      AREA 4**

The commodity areas are located at the bottom of your credentials, next to your state abbreviation. Please fill in all that apply. The available program areas are listed below for reference:

BIOT	DAIR	PEST
FEED	DRUG	PROD
BIOG	EGGS	RADH
BSE	FOOD	SHEL
COSM	MDEV	

**PLEASE PROVIDE YOUR OFFICIAL WORK E-MAIL\*:** \_\_\_\_\_

**FOR FDA CREDENTIALS ONLY**

NOTE: By providing this information, you confirm, you are in possession of your FDA issued credentials.

**FDA CREDENTIAL NUMBER:** \_\_\_\_\_ \* The credential number can be found directly above your photograph and also directly to the left of your state abbreviation.

\_\_\_\_\_  
**NAME (FIRST NAME LAST NAME) \***

\_\_\_\_\_  
**TODAY'S DATE (MM/DD/YYYY) \***

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After you have filled out all required fields denoted with an \* please select File from the top ribbon, then select Send File, and enter StateCommissioning@fda.hhs.gov in the 'To' field to submit/send this electronic response. If you are having difficulty, please save a copy of the file and send it as an attachment. Please note, scanned or photo copied images will not be accepted.