Serving the U.S. Food Import Sector

3301 Route 66 • Suite C-205 • Neptune, NJ 07753
P: 732-922-3008 F: 732-922-3590 **www.afius.org**

# Facility Registration Form

Please type or print very clearly the information requested below and return this completed form to the AFI office. If possible, please type the information into the electronic version of this form. AFI will not be responsible for any errors resulting from illegible submissions.

*** All information is required unless otherwise noted.* **

## AFI Member Company Information

This is the contact information for your company as it pertains to the membership in AFI. If your company has multiple facilities included under its membership, then this is the parent company or main office.

Company Name _____

Street Address _____

_____

City _____

Province/Territory _____

Postal Code _____

Country _____

Contact Person's Name_____

Contact Person's E-mail Address_____

## Facility Registration Information

This is the contact information of the actual facility to be submitted to FDA for the purposes of registration. (A physical address is required. Do not enter a post office box.)

### Section 1. Facility Name/Address Information

Contact Person's Name_____

Facility Name_____

Facility Name Suffix (Co., Ltd., Inc., etc.)_____

Street Address_____

_____

City_____

Province/Territory_____

**Section 1. Facility Name/Address Information - continued**

Postal Code_____

Country_____

Phone_____

Fax_____

E-Mail Address_____

UFI / DUNS Number_____

Visit https://www.importregistration.dnb.com/ to look up your DUNS number. This **must be provided** now in order to file the registration. FDA is no longer allowing a grace period for registrations without a DUNS / UFI number.

*FDA Registration No._____

*PIN #_____

*Enter the registration number and corresponding PIN if the facility already has a currently valid registration; otherwise, leave blank.

*** Please note: If your facility already has a valid FDA registration, you must provide your registration number and corresponding PIN so that AFI can access your registration. AFI cannot verify the validity of existing registrations without this information.* ***Do not enter a previous registration number if it is no longer valid. Also, do not enter the registration number for a separate facility that is affiliated with your company.*** *A registration is not company-wide; each registration number pertains to a specific physical location. ***

**Section 2. Parent Company Name/Address Information (Optional)**
Complete this section ONLY if the food facility is owned by a parent company.

Contact Person's Name_____

Company Name_____

Street Address_____

_____

City_____

Province/Territory_____

Postal Code_____

Country_____

Phone_____

Fax_____

E-Mail Address_____

**Section 3. Preferred Mailing Address**
This information is now required. Please check off below which address communications from FDA should be sent to:

○ Facility Address
○ Parent Company Address

Alternatively, you may enter a different address if communications should be sent to a main office or other location:

Company Name_____

Street Address_____

_____

City_____

Province/Territory_____

Postal Code_____

Country_____

Contact Person's Name_____

Phone_____

Fax_____

E-Mail Address_____

**Section 4. Trade Names (Optional)**
Complete this section ONLY if the food facility operates under name(s) other than that listed in Section 1. (Brand names should not be included, only alternate company names)

Alternate Trade Name #1_____

Alternate Trade Name #2_____

Alternate Trade Name #3_____

Alternate Trade Name #4_____

**Section 5. Facility Emergency Contact Information**
Complete this section to name the emergency contact for your company. This information is required. AFI will not serve as the emergency contact.

Individual's Name_____

Job Title (President, Manager, etc.)_____

E-mail Address_____

Emergency Contact Phone_____

**Section 6. General Product Categories - Food For Human Consumption***
Please complete and return the product list from FDA that is provided separately from this form. You must now indicate the activities conducted at the facility with regard to each food product handled. This information is no longer optional.

*Please contact AFI if your company also handles food for animal consumption.

**Section 7. Certification and Authorization Statement**
Our firm would like AFI to act as it agent for registration with the U.S. Food and Drug Administration with regard to the Bioterrorism Preparedness and Response Act of 2002:

◯ Yes ◯ No

Our firm is aware that:

- It is responsible for providing accurate information for AFI to submit to FDA. AFI shares no liability for inaccurate data submitted by our firm.
- Any changes to registration information must be submitted to AFI within 10 days.
- Failure to pay the annual dues fee will result in termination of this agreement.
- It must adhere to AFI policies and standards of conduct.
- Either party may terminate this agreement by providing written notice. Termination will take place 30 days after receipt of such notice.
- FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Signature of Corporate Officer_____

Title_____ Date_____

**Additional Facilities**: This form may be copied, completed, and submitted for multiple facilities. Additional facilities will be appended to your membership in AFI. Please note that each additional facility after the first will incur an annual registration fee of $175.**