

US Food Drug Administration Commission Validation Form

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) *

COMMISSIONED STATE ABBREVIATION: The state abbreviation is located at the bottom of your credentials.

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.

My name has changed since my credential was issued:

Check box if true:

My new name is:

FIRST NAME *

LAST NAME *

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

Privacy Act Notice

Pursuant to 21 U.S.C. 372 to 374, the FDA is authorized to collect this information. The FDA uses the information to assure regulated enterprises that you are a duly designated enforcement officer and, in the case of State employees, an official commissioned as an officer of the Department of Health and Human Services. The FDA may make routine use disclosure of commissioning records to regulated entities for this purpose. The FDA may also disclose commissioning records to contractors as necessary to perform their duties for the Federal Government; to other agencies, courts, and persons as necessary and relevant in the course of litigation; and as necessary and in accordance with requirements for law enforcement. Other potential routine use disclosures can be found in the applicable system of records notice (SORN), 09-10-0022 FDA Commissioning of State and Local Officials, HHS/FDA/ORA. Providing the requested information is voluntary. If you do not provide this information, you may not be able to maintain your commission.

For questions, please contact your FDA District Office or you may reach FDA's State Commissioning Team at StateCommissioning@fda.hhs.gov.