



U.S. FOOD & DRUG
ADMINISTRATION

U.S. Food and Drug Administration
Food Facility Registration User Guide:
Registration of Food Facilities – Step-by-
Step Instructions

September 2023

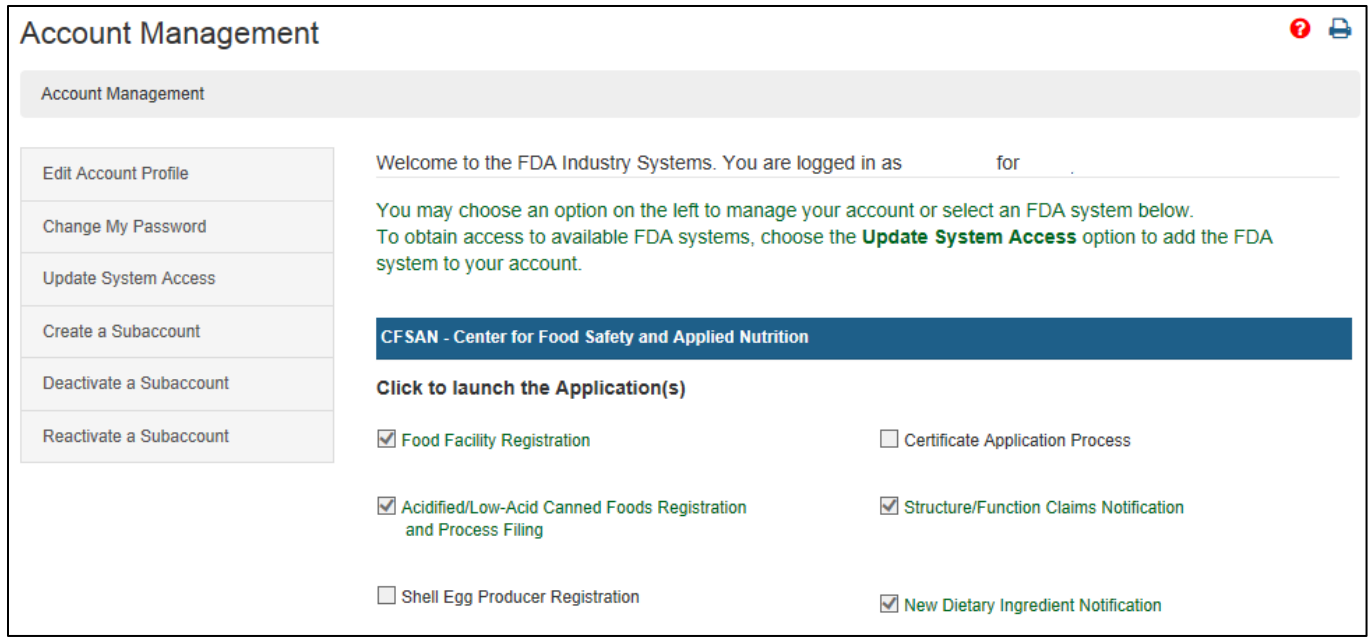
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Register a Food Facility

After you have logged into 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**).

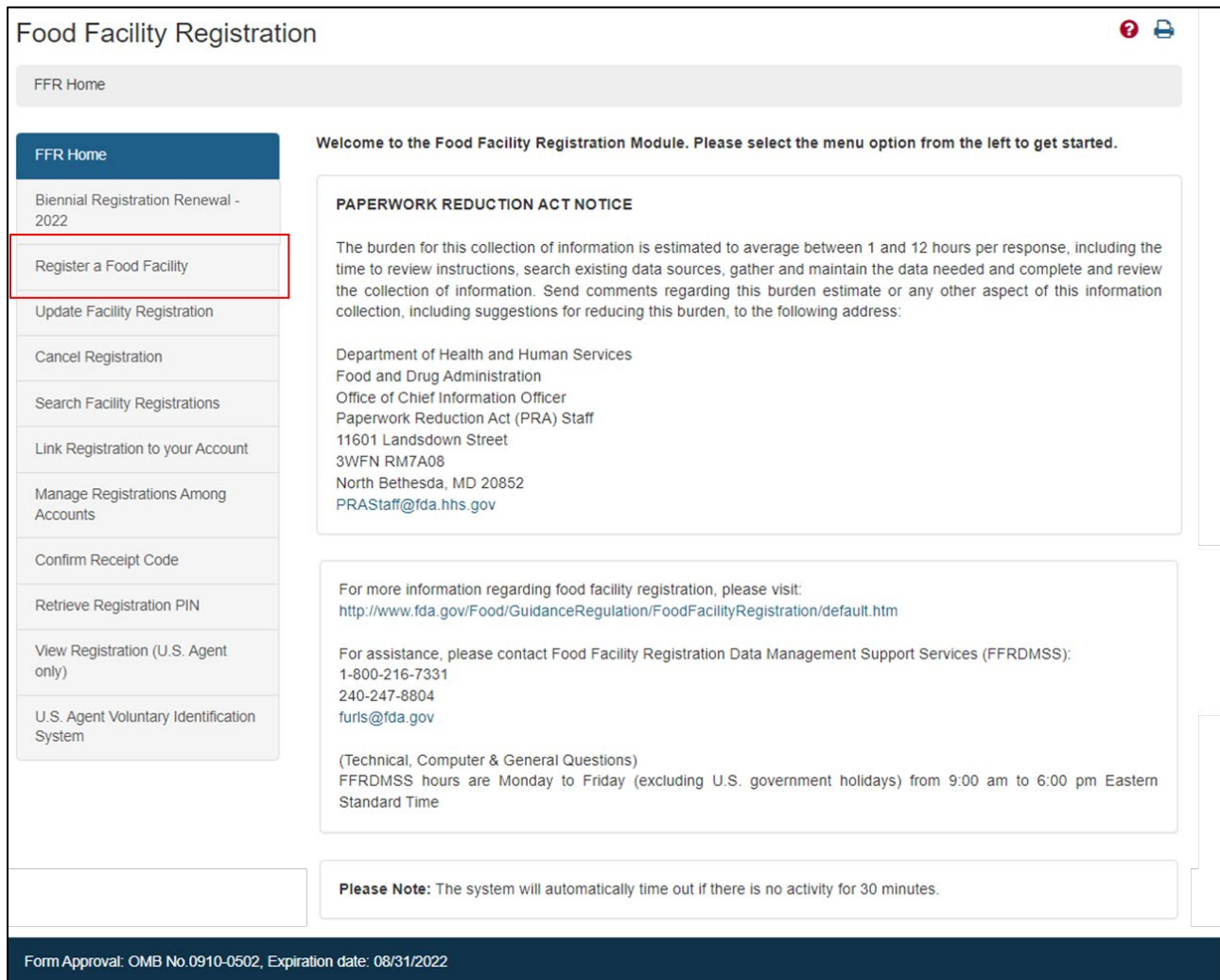
Figure 1 – FURLS Account Management Home Page



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:

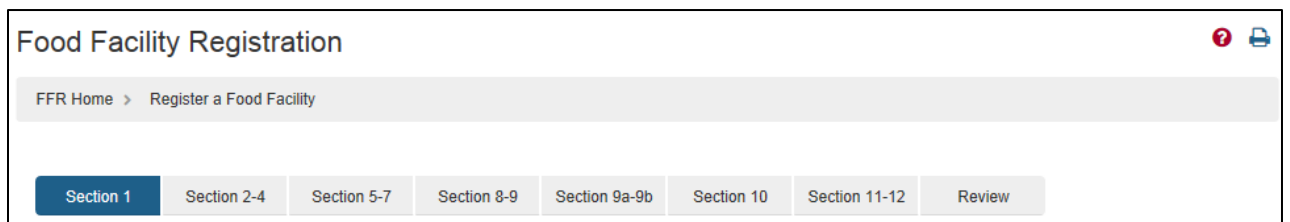
- Complete a draft registration
- Update a facility registration
- Cancel a facility registration
- Link a registration(s) to your account
- Search for one of your facility registrations
- Manage registrations among your accounts
- Confirm receipt of a mailed notification
- Retrieve your registration's 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



At the top of every page, a status bar will track your progress through each step of the online registration 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 return you 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 Registration 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

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

Yes No

Are you a broker, distributor, importer/filer?

Yes No

Do you take physical possession of the food?

Yes No

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.

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

Yes No

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.
Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?	Select "No" if you are not a fishing vessel.

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

Please Select ▼

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)*

Please Select ▼

Previous Owner's Name *(Optional)*

Previous Owner's Registration Number *(Optional)*

Fields Included in this Section

Field	Description
Facility Location	<p>Specifies whether the facility is located within or outside the United States of America. Choose one of the following two options:</p> <ul style="list-style-type: none"> • Domestic Registration – Indicates that the facility is located in a State or Territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico. • Foreign Registration – Indicates a facility is not a domestic facility.
Do you want to re-register a facility that has passed the registration renewal deadline?	<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>
Registration Number	<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>
Are you the new owner of a previously registered facility?	<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>
Previous owner’s title (Optional)	<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>
Previous owner’s name (Optional)	<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>
Previous owner’s registration number (Optional)	<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>
Do you want to link this registration to your enterprise account?	<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

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

001 Country Area Telephone Phone Number Ext Extension

Fax Number (Optional)

001 Country Area Fax Fax Number

E-Mail Address

Confirm E-Mail Address

Unique Facility Identifier (UFI)

Fields Included in this Section

Field	Description
Facility Name	The name of the facility being registered.
Facility Name Suffix	The type of company, for example, "company," "corporation," or "limited."
Country/Area	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.)
Street Address, Line 1	The street name and address number
Street Address, Line 2	The second street name and address number, if applicable. May also enter information such as Suite number.
Zip/Postal Code	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
City	The city in which the facility is located.
State/Province/Territory	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".
Telephone Number – Country	For foreign registrations, the three-digit country code of the telephone number for the facility being registered
Telephone Number – Area	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the facility being registered.
Telephone Number – Phone Number	The telephone number of the facility being registered.
Telephone Number – Extension	The telephone extension, if any, dialed after the telephone number, of the facility being registered
FAX Number – Country (Optional)	For foreign registrations, the three-digit country code of the telephone number of the FAX machine for the facility being registered
FAX Number – Area (Optional)	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.
FAX Number – FAX Number (Optional)	The telephone number of the FAX machine of the facility being registered.
E-mail Address	An electronic mail address for the facility being registered.
Confirm E-mail Address	Confirm the email address entered. The E-Mails must match.
UFI	A Unique Facility Identifier (UFI) that allows users to identify the user's facility through a unique number such as 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
Name	The name of the facility being registered.
Country/Area	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.)
Street Address, Line 1	The street name and address number
Street Address, Line 2	The second street name and address number, if applicable. Users may also enter information such as a Suite number.
Zip /Postal Code	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
City	The city in which the facility is located.
State/Province/Territory	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. "
Telephone Number – Country (Optional)	For foreign registrations, the three-digit country code of the telephone number for the facility being registered
Telephone Number – Area (Optional)	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the facility being registered.
Telephone Number – Phone Number (Optional)	The telephone number of the facility being registered.
Telephone Number – Extension (Optional)	The telephone extension, if any, dialed after the telephone number, of the facility being registered
FAX Number – Country (Optional)	For foreign registrations, the three-digit country code of the telephone number of the FAX machine for the facility being registered
FAX Number – Area (Optional)	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.
FAX Number – FAX Number (Optional)	The telephone number of the FAX machine of the facility being registered.
E-mail Address (Optional)	An electronic mail address for the facility being registered.
Confirm E-mail Address (Optional)	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 the information differs from that entered in Sections 2 or 3.

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

Note: 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
If information is the same as another section, check which section applies.	<p>Specifies whether the parent company name/address information is identical to previously entered information</p> <p>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> <p>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.</p> <p>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.</p> <p>Choose “None of the above” if your Parent Company name address is different from the Facility and the Preferred Mailing Addresses.</p>
Clear	Select the “ Clear ” button if you need to clear Section 4.
AutoFill from Account Information	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.
Company Name	The name of the company that owns the facility being registered, if different from facility name
Company Name Suffix	The type of company, for example “Company,” “Corporation,” or “Limited”
Country/Area	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.)
Street Address, Line 1	The street name and address number
Street Address , Line 2	The second street name and address number, if applicable You may also enter information such as “Suite number”.
Zip/Postal Code	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 the selected Country/Area.
City	The city in which the parent company is located
State/Province/Territory	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 .”
Telephone Number Country (Optional)	For foreign registrations, the three-digit country code of the telephone number for the parent company
Telephone Number – Area (Optional)	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the parent company

Field	Description
Telephone Number – Phone Number (Optional)	The telephone number of the parent company
Telephone Number – Extension (Optional)	The telephone extension, if any, dialed after the telephone number of the parent company
FAX Number – Country (Optional)	For foreign registrations, the three-digit country code of the telephone number of the FAX machine for the parent company
FAX Number – Area (Optional)	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
FAX Number – Fax Number (Optional)	The telephone number of the FAX machine of the parent company
E-mail Address (Optional)	An electronic mail address for the parent company
Confirm E-mail Address (Optional)	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, complete this section. 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 the “**Next**” button.

Note: The messages "Facility Address is invalid" or "The address submitted has been validated with corrections" mean 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 x

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.

YOUR FACILITY ADDRESS	VALIDATED FACILITY ADDRESS
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, the system has determined the new registration 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 will be flagged and reviewed by 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.

The system also performs an accuracy check on the user-entered facility name, address, and UFI. If there is a mismatch between any of the information, the following message is displayed (**Figure 12**) “Facility Name and Address provided does not match the DUNS number. Select “Yes” to continue. Select “No” to edit the information in Section 2.”

If you select “**No**”, you will be returned to Section 2 to update the information as necessary.

If you select “**Yes**” to continue with the registration process, upon submission, the registration will be flagged and reviewed by the FDA.

Figure 12 – Mismatch in Facility Name, Address, and UFI

Section 5 – Facility Emergency Contact Information

Enter the Facility Emergency Contact Information (**Figure 13**). 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
Title	The title for the emergency contact, such as “Mr.,” or “Mrs.”
First Name (Optional)	The First name of the emergency contact person
Middle Name (Optional)	The Middle name of the emergency contact person
Last Name (Optional)	The Last name of the emergency contact person
Job Title (Optional)	The title for the emergency contact, such as “Manager,” “CEO,” “President”
Telephone Number – Country	For foreign registrations, the three-digit country code of the telephone number for the facility being registered
Telephone Number – Area	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the facility being registered
Telephone Number – Phone Number	The telephone number of the emergency contact
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 13 - 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 Select ▼

First Name (Optional)

Middle Name (Optional)

Last Name (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.

Telephone Number

Country

Area

Telephone

Country Area Phone Number

E-Mail Address

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 14**).

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 14 - 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 15**). 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
Autofill from Account Information	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.
Are you an individual, partnership, corporation, or association?	Select the option that best describes the U.S. Agent type.
Title (Optional)	The title of the U.S. Agent

Field	Description
First Name	The first name of the person acting as U. S. Agent for the foreign facility being registered
Middle Name	The middle name of the person acting as U. S. Agent for the foreign facility being registered
Last Name	The last name of the person acting as U. S. Agent for the foreign facility being registered
Country/Area	The country/area in which the U.S. Agent is located The U.S. Agent must reside in the U.S., the Country/Area is automatically filled in with "United States."
Street Address, Line 1	The street name and address number of the U.S. Agent
Street Address, Line 2	The second street name and address number, if applicable You may also enter information such as Suite number.
Zip Code	The Zip code for the U.S. address of the U.S. Agent
City	The city in which the U.S. Agent is located
State/Province/Territory	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."
Telephone Number Area/City Code	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the U.S. Agent
Telephone Number – Phone Number	The telephone number of the U.S. Agent
Telephone Number – Extension	The telephone extension, if any, dialed after the telephone number, of the U.S. Agent
Emergency Contact Telephone Number Country/Area/Phone Number	The telephone number of the U. S. Agent that FDA can call 24 hours a day, 7 days a week, in case of emergency
Fax Number – Country/Area/Phone Number (Optional)	The FAX number of the U. S. Agent that FDA can call 24 hours a day, 7 days a week, in case of emergency
E-mail Address	An electronic mail address for the U.S. Agent. E-mail cannot be the same as the E-mail in Section 2.
Confirm E-mail Address (Optional)	Confirm the email address entered. The E-Mails must match.

Figure 15 - 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

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 Telephone Extension Phone Number

Emergency Contact Telephone Number
 Country Area Telephone Phone Number

Fax Number (Optional)
 Country Area Fax 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 16**).

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 16 - 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 17**).

This section is required.

Figure 17 - General Product Categories

Section 9: General Product Categories - Human/Animal/Both

Food for Human Consumption

Food for Animal Consumption

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

All facilities that are registering must complete section 9a, 9b, or both sections if applicable. Select as many of the categories as appropriate.

Select as many of the 36 categories as appropriate. If none of the mandatory categories apply, select box 37: “**NONE OF THE ABOVE FOOD CATEGORIES APPLY**”. You may then enter in your own description in the text box provided.

The “**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.

At least one Type of Activity Conducted at the Facility must be selected. 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 activity option.

Note: For more information regarding 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 9a (**Figure 18 and Figure 19**).

Figure 18 - 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 19 - 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.

At least one Type of Activity Conducted at the Facility must be selected. You may check all types of operations performed at this facility regarding the manufacturing/processing, packing, or holding of food. For example, if the Product Category "grain or grain products", number 1" is selected, and you perform as a "manufacturer/processor" you would select that activity option

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 20 and Figure 21**).

Figure 20 - 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 21 - 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)	<input type="text" value="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 22**).

Field	Description
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.	<p>The name of the person or entity who is the owner, operator, or agent in charge of the facility being registered</p> <p>Specifies whether the owner, operator, or agent in charge address information is identical to previously entered information</p> <p>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</p> <p>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</p> <p>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</p> <p>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 Agent. - or - Choose "None of the above" if you need to enter new information.</p>
Country/Area	The country/area in which the owner, operator, or agent in charge of the facility being registered is located
Street Address Line 1	<p>The address of the owner, operator, or agent in charge of the facility being registered</p> <p>This can be a physical/geographical location or other mailing address.</p>
Street Address Line 2	<p>The second address line of the owner, operator, or agent in charge of the facility being registered</p> <p>You may choose to enter a Suite or Apartment Number.</p>
Zip/Postal Code	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
City	The city in which the owner, operator, or agent in charge of the facility being registered is located
State/Province/Territory	<p>The state, province, or territory in which the owner, operator, or agent in charge of the facility being registered is located</p> <p>Select a state, province, or territory from the pull-down menu when applicable or select "Not applicable."</p>
Telephone Number – Country	For foreign addresses, the three-digit country code for the owner, operator, or agent in charge of the facility being registered

Field	Description
Telephone Number – Area	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
Telephone Number – Phone Number	The telephone number for the owner, operator, or agent in charge of the facility being registered
Telephone Number – Extension	The telephone extension, if any, dialed after the telephone number
Fax Number – Country (Optional)	For foreign addresses, the three-digit country code for the owner, operator, or agent in charge of the facility being registered
Fax Number – Area (Optional) Area	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
Fax Number – Fax Number (Optional)	The FAX number of the owner, operator, or agent in charge of the facility being registered
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 22 - 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	Telephone	Ext
Country	Area	Phone Number	Extension

Fax Number (Optional)

Country	Area	Fax
Country	Area	Fax Number

E-Mail Address

Confirm E-Mail Address

Section 11 – Inspection Statement

This section is required.

Select the checkbox, acknowledging that FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug and Cosmetics Act (FD&C) (**Figure 23**).

Figure 23 - Inspection Statement

Section 11: Inspection Statement <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.

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 24 and Figure 25**). 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, a screen will pop up. All of the details must be entered.

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.
Name of the Submitter	The first name and last name (surname) of the person submitting this form
Select option to indicate who authorized you to submit the registration	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 -

Field	Description
	<p>B. Individual Authorized to Submit the Registration (Fill in address below) -</p> <p>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:</p> <p>Owner, Operator, or Agent in Charge (Stop here, form is completed.)</p> <p>- or -</p> <p>Fill in the name of individual who authorized registration on behalf of owner, operator, or agent in charge (Fill in address below).</p>
Individual's Name	Fill in the name of individual who authorized registration on behalf of owner, operator, or agent in charge.
Country/Area	The country/area in which the Authorizing Individual is located
Street Address, Line 1	The street name and address number of the Authorizing Individual
Street Address, Line 2	The second street name and address number, if applicable. You may also enter information such as Suite number.
Zip/Postal Code	The Zip code for the U.S. address of the Authorizing Individual
City	The city in which the Authorizing Individual is located
State/Province/Territory	<p>The state, province, or territory in which the Authorizing Individual is located</p> <p>Select a state, province, or territory from the pull-down menu when applicable or select "Not applicable."</p>
Telephone Number – Country	The Country code (for foreign addresses of the telephone number for the Authorizing Individual)
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 24 - 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 25 - 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

Individual's Name

Telephone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Area	Telephone	Ext
Country	Area	Phone Number	Extension

Country/Area

Fax Number (Optional)

<input type="text"/>	<input type="text"/>
Country	Fax
Country	Fax Number

Street Address, Line 1

Street Address, Line 2 (Optional)

E-Mail Address

Confirm E-Mail Address

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

Registration Review

Review your registration before submitting it for processing (**Figure 26, 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 one.

Figure 26 - Registration Review

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

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 Submitted

Verification Pending

If an inaccurate UFI is provided, a reference code is provided. You will have 30 days to provide an accurate UFI. The system displays this message only if it is Domestic Registration submitted by Owner/Operator (**Figure 27**). Otherwise, a different message is displayed (**Figure 28**).

Figure 27 – Verification Pending – Domestic Registration submitted by Owner/Operator

Registration Submitted - Verification Pending ✓

The Food and Drug Administration (FDA) has determined that your facility has not provided an accurate Unique Facility Identifier (UFI) as required by FDA. 21 CFR 1.232(a)(2) requires that starting October 1, 2020, domestic and foreign facilities provide a UFI recognized as acceptable by FDA. As a consequence, FDA cannot confirm your registration or provide you with a registration number.

A Reference Code has been assigned. The reference code is **408709938**.

NOTE: The reference code is not a food facility registration number.

FDA requires action within 30 calendar days of receipt of the registration submission. If no action is taken by 09/13/2023, the registration information will be removed from our database and a new registration submission will be required. Please refer to the email sent to the facility for additional details.

Once you have updated the registration with an accurate UFI, a Registration Number, PIN, and expiration date will be assigned. Record these numbers for your records.

Figure 28 – Verification Pending (US Agent)

Registration Submitted - Verification Pending

A Reference Code has been assigned. The reference code is **466683480**.

NOTE: The reference code is not a food facility registration number.

In accordance with 21 CFR 1.231(a)(5) and (b)(7), FDA will not confirm a registration or provide a registration number until the person identified as the U.S. agent for a foreign facility confirms that person has agreed to serve as the U.S. agent. The U.S. agent that you have listed has been contacted and must respond to our confirmation request by 09/13/2023. Upon successful confirmation and an accurate UFI, the registration number and pin will be issued.

If no action is taken by 09/13/2023, the registration information will be removed from our database and a new registration submission will be required.

Once you verify the registration is confirmed with an accurate UFI, a Registration Number, PIN, and expiration date will be assigned. Record these numbers for your records.

Registration Successful

A message indicates your registration was submitted successfully with an accurate UFI. Your Registration Number, PIN, and registration's expiration date are displayed (**Figure 28**).

*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. However, providing this person with the registration number and PIN also allows them to cancel the registration.

The system only displays this message if it is a Domestic Registration submitted by Owner/Operator (**Figure 29**). Otherwise, a different message is displayed (**Figure 30**).

Figure 29 - Registration Submitted - Domestic Registration submitted by Owner/Operator

Registration Successful ✓

Your Registration Number is
Your Pin is
Your registration's expiration date is

Please keep the registration number and PIN for your records. The registration number is required for all communications with FDA regarding this registration. The PIN will allow you to access a registration online, if the registration was initially submitted as a paper form. Please refer to the help section for more details.

[View Complete Registration](#)

For foreign registrations, the U.S. Agent will need to confirm or deny the registration. Once the registration is confirmed, an email will be sent with the Registration Number, PIN, and expiration date.

Figure 30 - Registration Submitted – U.S. Agent Confirmation Required?

Registration Submitted - Verification Pending

In accordance with 21 CFR 1.231(a)(5) and (b)(7), FDA will not confirm a registration or provide a registration number until the person identified as the U.S. agent for a foreign facility confirms that person has agreed to serve as the U.S. agent. The U.S. agent that you have listed has been contacted and should respond to our confirmation request by 10/16/2016. Upon successful confirmation, the registration number and pin will be issued.

Once received, please keep the registration number and PIN for your records.

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. Alternatively, 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 for registrations with an accurate UFI
PIN	The Personal Identification Number for this facility's registration
Registration Expiration Date	The date your facility's registration will expire

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 it.

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 30**). This is temporary and may be used as a reference to complete your registration.

Figure 31 - 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 31**).

Figure 32 - 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 32**). 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 33 - Review Registration

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

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	