



# Shell Egg Producer Registration (SEPRM) User Guide

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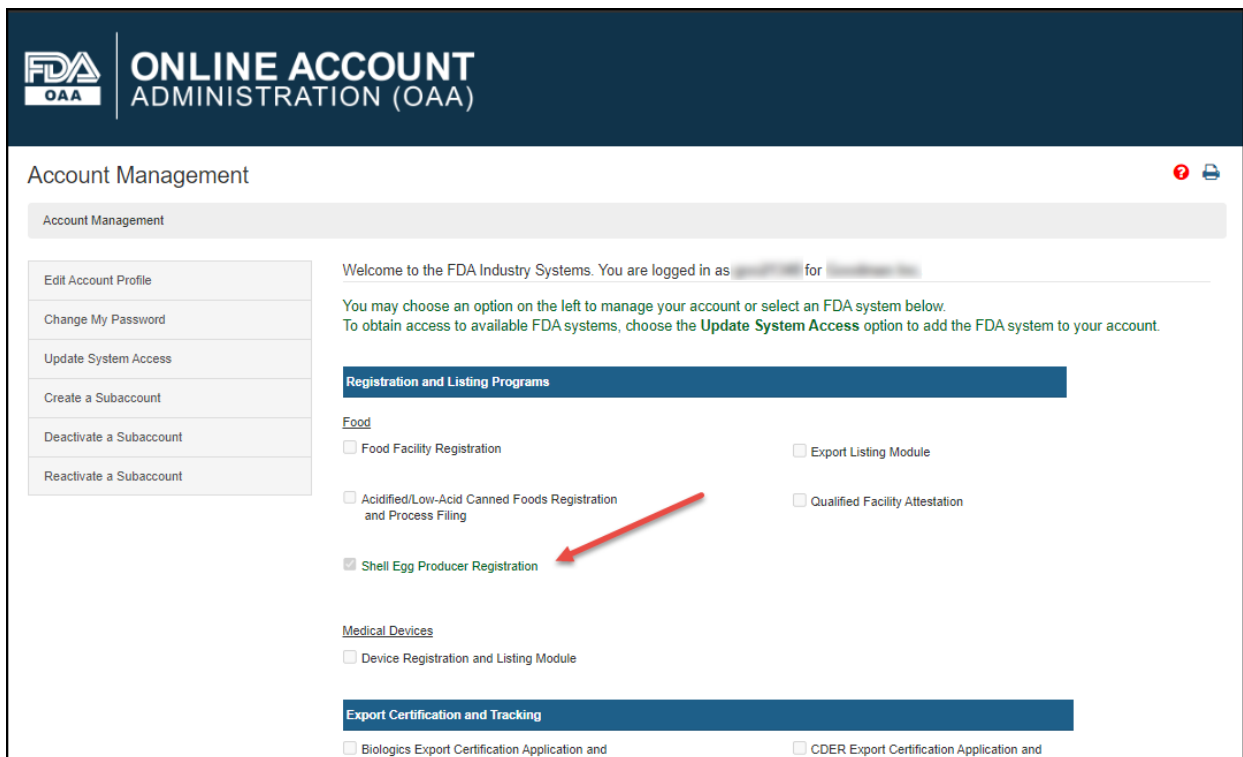
# Shell Egg Producer Registration (SEPRM) User Guide

## Register a Shell Egg Facility

### Register a Shell Egg Facility Start

After you have logged into FDA Industry Systems (FIS), choose “Shell Egg Producer Registration” from the list of available systems under “Registration and Listing Programs” on the FURLS Online Account Administration (OAA) – Account Management page (Figure 1).

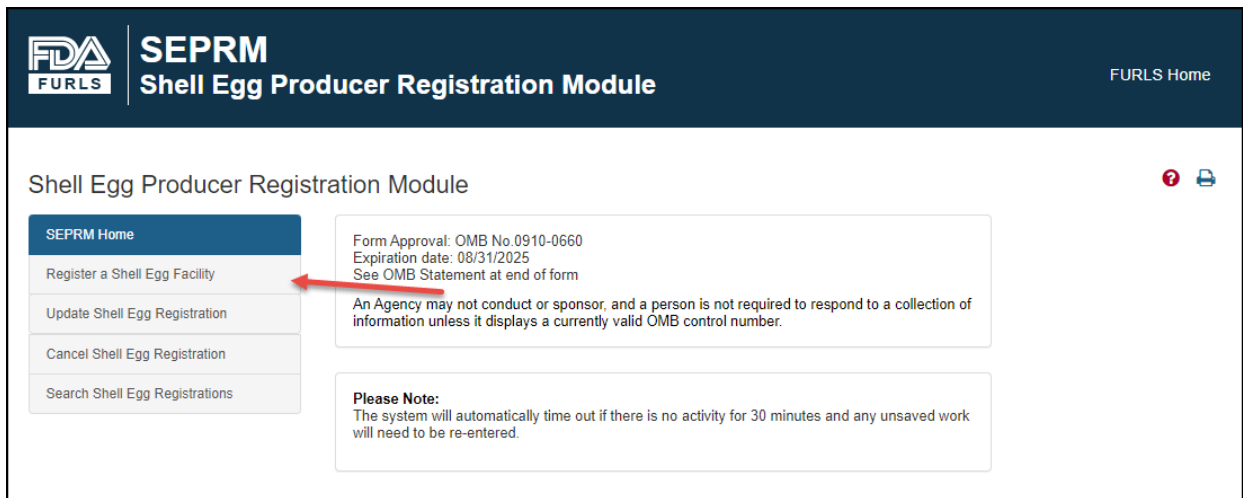
Figure 1: Account Management Page



The system will take you to the Shell Egg Producer Registration Module (SEPRM) Home page.

To register a shell egg facility, choose “Register a Shell Egg Facility” from the list of navigation menu options on the SEPRM Home page (Figure 2). After you have registered a facility, you may also use this menu to update, cancel, or search for shell egg registrations.

**Figure 2: SEPRM Home Page**



## Navigation

At the top of every page a “Help link” icon (i.e., the red question mark) will provide additional page-specific information (Figure 3). For an overview of all the help files available, refer to the FDA Industry Systems Index of Help pages.

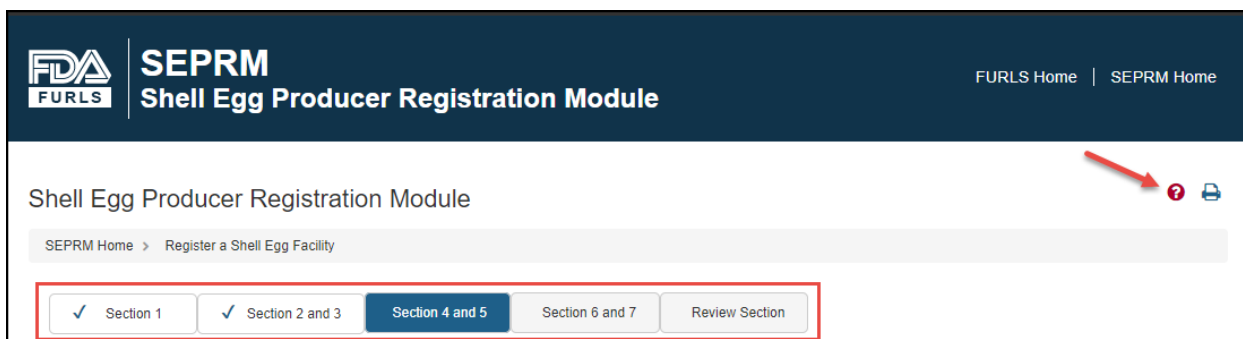
The “FURLS HOME” link will take you to the FURLS Home page (Figure 1). The “SEPRM HOME” link will take you to the SEPRM Home page (Figure 2). Choose “FURLS HOME” to log out.

At the top of every page, the “Register a Shell Egg Facility” section tabs will track your progress through the online registration process (Figure 3).

At the bottom of the page, the following navigation buttons will be displayed:

- **Previous** – Navigates back to the previous screen
- **Next** – Navigates to the next screen to continue entering registration information
- **Cancel & start again from Section 1** – Navigates to Section 1. All information entered will be erased to and you will need to start again.

**Figure 3: Help Link and Section Tabs**



# Register a Shell Egg Facility – Step 1

## 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. If the facility is registered with the Food Facility Registration Module (FFRM), enter the FFRM Registration Number (Figure 4).

Select “Next”.

**Figure 4: Type of Registration**

### Fields Included in this Section:

All fields are required, unless indicated as “Optional”.

**Note:** The “Type of Registration” Section cannot be changed later in the application process. If you wish to update this section, you must cancel and create a new registration.

**Table 1**

<b>Field</b>	<b>Field Information</b>
<b>Facility Location</b>	<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"> <li>Domestic Registration – To indicate that the facility is located in a State or Territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>Foreign Registration – To indicate a facility is not a domestic facility</li> </ul>
<b>Are you the new owner of a previously registered facility?</b>	<p>Select “Yes” if you are submitting a registration as a new owner of a previously registered facility. Select “No” if you are submitting a registration for a facility never previously registered.</p>
<b>Previous owner’s name (Optional)</b>	<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>
<b>Previous owner’s Registration Number (Optional)</b>	<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.</p>
<b>Is this facility registered with Food Facility Registration Module (FFRM)?</b>	<p>Select “Yes” if this facility is registered with Food Facility Registration Module (FFRM). Select “No” if this facility is not registered with Food Facility Registration Module (FFRM).</p>
<b>FFRM Registration Number</b>	<p>Provide the Registration Number if this facility is registered with FFRM.</p>

## Register a Shell Egg Facility – Step 2

Enter the name and address of the facility being registered. You may also enter information for a Preferred Mailing Address if that address is different from the Facility Address.

### Section 2 – Facility Name / Address Information

This section is required.

Enter the name, address, phone number, FAX number, and E-mail address of the facility being registered (Figure 5). If your facility has a preferred mailing address, complete Section 3. Otherwise, select “Next” to validate your address(es).

**Figure 5: Facility Name and Address Information**

SECTION 2 - FACILITY NAME/ADDRESS INFORMATION

**Facility Name**

**Country/Area**

**Facility Street Address Line 1**

**Facility Street Address Line 2 (Optional)**

**Zip Code (Postal Code)**

**City**

**State/Province/Territory**

**Clear**

**Phone Number**  
     
Country Area Phone Number Ext

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

**Email (Optional)**

**Fields Included in this Section:**

All fields are required, unless indicated as “Optional”.

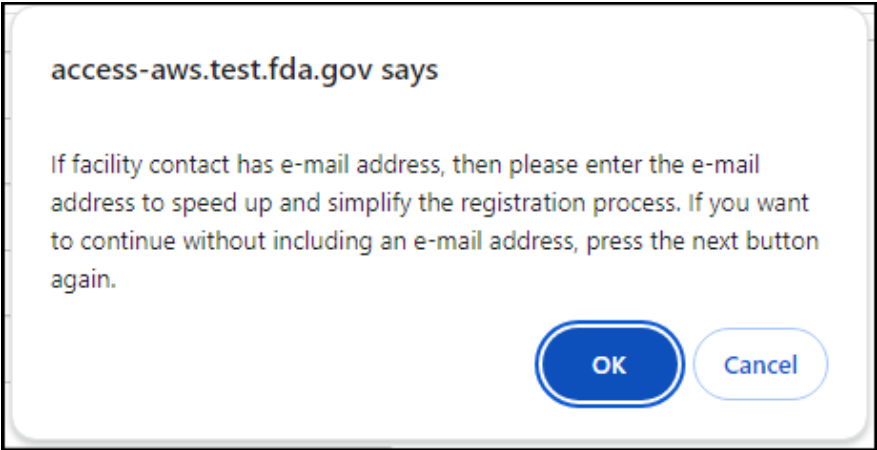
**Table 2**

<b>Field</b>	<b>Field Information</b>
<b>Facility Name</b>	The name of the facility being registered
<b>Facility Street Address</b>	The physical location of the facility being registered This is normally a street address; however, it may be another physical/geographical designation used in rural locations.
<b>City</b>	The city in which the facility is located
<b>Country/Area</b>	The country/area in which the facility is located For foreign registrations, select a country/area from the dropdown menu. (For domestic registrations, United States is filled in automatically.)
<b>State/Province/Territory</b>	The state, province, or territory in which the facility is located Select a state, province, or territory from the dropdown menu or select “Not applicable”.
<b>Zip Code (Postal Code)</b>	The zip code (for domestic addresses) or postal code (for foreign addresses) of the facility being registered
<b>Phone Number: Country Code</b>	For foreign registrations, the three-digit country code of the telephone number for the facility being registered
<b>Phone Number: Area/City Code</b>	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the facility being registered
<b>Phone Number:</b>	The telephone number of the facility being registered
<b>Phone Number: Extension</b>	The telephone extension dialed after the telephone number of the facility being registered



<i>Field</i>	<i>Field Information</i>
<b><i>FAX Number: Country Code</i></b>	For foreign registrations, the three-digit country code of the telephone number of the FAX machine for the facility being registered
<b><i>FAX Number: Area/City Code</i></b>	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
<b><i>FAX Number:</i></b>	The telephone number of the FAX machine of the facility being registered
<b><i>E-mail Address (Optional)</i></b>	An electronic mail address for the facility being registered If an E-mail address is not provided, the system will display a pop-up message once “Next” has been selected (Figure 6).

**Figure 6: Email Address Pop-up**



**Section 3 – Preferred Mailing Address Information**

This section is optional.

If the Preferred Mailing Address is the same as the Facility Address (Section 2), select the “Yes” radio button (Figure 7). Otherwise, select “No” to enter a preferred mailing address or auto-fill from the account information (Figure 8).

**Note:** The Facility Address and the Preferred Mailing Address do not need to be in the same country/area.

When you have completed this section, select “Next” to validate your address(es).

**Figure 7: Preferred Mailing Address Information – Yes**

SECTION 3 - PREFERRED MAILING ADDRESS INFORMATION (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)?

Yes  No

[Previous](#) [Cancel and start again from section 1](#) [Next](#)

**Figure 8: Preferred Mailing Address Information – No**

SECTION 3 - PREFERRED MAILING ADDRESS INFORMATION (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)?

Yes  No

[Clear](#) [Auto fill from account information](#)

**Facility Name**

**Country/Area**

**Street Address Line 1**

**Street Address Line 2 (Optional)**

**Zip Code (Postal Code)**

**City**

**State/Province/Territory**

**Phone Number**

**Fax Number (Optional)**

**Email (Optional)**

**Fields Included in this Section:**

If you complete this section, all fields are required, unless indicated as “Optional”.

Table 3

<b>Field</b>	<b>Field Information</b>
<b>Auto fill from account information</b>	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 auto-fill the address fields using data from the last registration entered this session. If you choose auto-fill, and decide the information is not what you wanted, you may choose “Clear” to undo and fill in the correct information manually.
<b>Name</b>	The name of the person or company where you wish to receive mail from FDA regarding this registration
<b>Street Address</b>	The mailing address of the company or person named The address at which you would like to receive notices from FDA about this registration
<b>City</b>	The city in which the preferred mailing address is located
<b>Country/Area</b>	The country/area in which the preferred mailing address is located Select a country/area from the dropdown menu.
<b>State/Province/Territory</b>	The state, province, or territory in which the preferred mailing address is located Select a state, province, or territory from the dropdown menu (when applicable) or select “Not applicable”.
<b>Zip Code (Postal Code)</b>	The zip code (for domestic addresses) or postal code (for foreign addresses) for the preferred mailing address
<b>Phone Number: Country Code</b>	For foreign registrations, the three-digit country code of the telephone number for the preferred mailing address
<b>Phone Number: Area/City Code</b>	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the preferred mailing address
<b>Phone Number: Phone Number</b>	The telephone number for the preferred mailing address
<b>Phone Number: Extension</b>	The telephone extension dialed after the telephone number for the preferred mailing address
<b>FAX Number: Country Code</b>	For foreign registrations, the three-digit country code for the telephone number of the FAX machine of the preferred mailing address
<b>FAX Number: Area/City Code</b>	The three-digit area code (for domestic addresses) or city code (foreign addresses) of the telephone number of the FAX machine of the preferred mailing address
<b>FAX Number: FAX Number</b>	The telephone number of the FAX machine of the preferred mailing address
<b>E-mail Address (Optional)</b>	An electronic mail address for the preferred mailing address

## Register a Shell Egg Facility – Step 3

### Section 4 – Seasonal Facility Dates of Operation

This section is optional.

“Dates of Operation” refers to the months during which the facility is open for business. If this facility operates on a seasonal basis, you may choose to complete this section (Figure 9). You may enter, for example, March - September.

**Figure 9: Seasonal Facility Dates of Operation**

**Fields Included in this Section:**

**Table 4**

<i>Field</i>	<i>Field Information</i>
<b>Dates of Operation</b>	The approximate months during which the facility operates if it operates on a seasonal basis

### Section 5 – Size of Operation

This section is required.

Enter the average number of layers in each poultry house and the number of poultry houses on the farm. The system will calculate the total number of layers (Figure 10).

**Figure 10: Size of Operation**

**Fields Included in this Section:**

All fields are required.

**Table 5**

<b>Field</b>	<b>Field Information</b>
<b>Average or usual number of layers in each poultry house</b>	The average or usual number of layers in each poultry house
<b>Number of poultry house on the farm</b>	The total number of poultry houses on the farm
<b>Total Number of Layers</b>	The total number of layers is calculated by the system and is equal to the average number of layers in each poultry house. This is then multiplied by the number of poultry houses on the farm.

## Register a Shell Egg Facility – Step 4

### Section 6 – Owner or Operator Information

This section is required.

Enter information regarding the Owner or Operator of the facility. If the contact information for the Owner or Operator is the same as that in another section of the form, choose the radio buttons corresponding to that section. Otherwise, enter the requested information by selecting the radio button “None of the above” (Figure 11).

**Figure 11: Owner or Operator Information**

**SECTION 6 - OWNER OR OPERATOR INFORMATION**

Name of Entity or Individual who is the Owner or Operator

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)  
 None of the above

Country/Area

Street Address Line 1

Street Address Line 2 (Optional)

Zip Code (Postal Code)

City

State/Province/Territory

Phone Number  
     
Country Area Phone Number Ext

Fax Number (Optional)  
    
Country Area Fax Number

Email (Optional)

**Fields Included in this Section:**

All fields are required, unless indicated as “Optional”.

**Table 6**

<b>Field</b>	<b>Field Information</b>
<b>Name of Entity or Individual who is the Owner or Operator</b>	The name of the person or entity who is the Owner or Operator of the facility being registered.
<b>Is their contact information the same as any of the previous sections?</b>	Specifies whether the Owner or Operator address information is identical to previously entered information. You may choose one of the following radio buttons: Choose “Same as Facility Address (Section 2)” if the Owner or Operator address information is the same as the facility address information entered in Section 2: Facility Name / Address Information. or Choose “Same as Preferred Mailing Address (Section 3)” if the Owner or Operator address information is the same as the preferred mailing address information entered in Section 3: Preferred Mailing Address Information. or Choose “None of the above” if you need to enter the information manually.
<b>Street Address</b>	The address of the Owner or Operator of the facility being registered This can be a physical/geographical location or other mailing address
<b>City</b>	The city in which the Owner or Operator of the facility being registered is located
<b>Country/Area</b>	The country/area in which the Owner or Operator of the facility being registered is located
<b>State/Province/Territory</b>	The state, province, or territory in which the Owner or Operator of the facility being registered is located Select a state, province, or territory from the dropdown menu when applicable or select “Not applicable”.
<b>Zip Code (Postal Code)</b>	The zip code (for domestic addresses) or postal code (for foreign addresses) for the Owner or Operator of the facility being registered.
<b>Phone Number: Country Code</b>	For foreign addresses, the three-digit country code of the telephone number for the Owner or Operator of the facility being registered
<b>Phone Number: Area/City Code</b>	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the Owner or Operator of the facility being registered

<b>Field</b>	<b>Field Information</b>
<b>Phone Number: Phone Number</b>	The telephone number for the Owner or Operator of the facility being registered
<b>Phone Number: Extension</b>	The telephone extension dialed after the telephone number for the Owner or Operator of the facility being registered.
<b>FAX Number: Country Code</b>	For foreign addresses, the three-digit country code for the telephone number of the FAX machine of the Owner or Operator of the facility being registered
<b>FAX Number: Area/City Code</b>	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 or Operator of the facility being registered
<b>FAX Number: FAX Number</b>	The telephone number of the FAX machine for the Owner or Operator of the facility being registered
<b>E-mail Address (Optional)</b>	An electronic mail address for the Owner or Operator of the facility being registered

## Section 7 – Certification Statement

This section is required.

Enter information about yourself as the submitter of this registration and the person who authorized its submission. Certify its truth and accuracy (Figures 12 and 13). Once you have completed this section, select “Next” and you will be given the opportunity to review your registration to make any changes before submitting it for processing.

**Figure 12: Certification Statement**

**SECTION 7 - CERTIFICATION STATEMENT**

The owner or operator of the facility, or an individual authorized by the owner or operator 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 or operator of the facility certifies that the above information is true and accurate. An individual (other than the owner or operator 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 or operator 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.

I have read and understand the above statement

**Name of the submitter**

Owner or Operator (Stop here, form is completed)

Individual authorized to submit the registration

---

**Figure 13: Certification Statement – Individual authorized to submit**

**SECTION 7 - CERTIFICATION STATEMENT**

The owner or operator of the facility, or an individual authorized by the owner or operator 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 or operator of the facility certifies that the above information is true and accurate. An individual (other than the owner or operator 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 or operator 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.

I have read and understand the above statement

**Name of the submitter**

Owner or Operator (Stop here, form is completed)

Individual authorized to submit the registration

Indicate who authorized you to submit the registration

Owner or Operator (Stop here, form is completed)

Name of Individual who authorized registration on behalf of Owner or Operator

Address Information for the Authorizing Individual

<p><b>Individual's Name</b></p> <p><input type="text"/></p>	<p><b>Phone Number</b></p> <table border="0"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Country</td><td>Area</td><td>Phone Number</td><td>Ext</td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country	Area	Phone Number	Ext
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Country	Area	Phone Number	Ext						
<p><b>Country/Area</b></p> <p><input type="text" value="Please Select"/></p>	<p><b>Fax Number (Optional)</b></p> <table border="0"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Country</td><td>Area</td><td>Fax Number</td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country	Area	Fax Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>							
Country	Area	Fax Number							
<p><b>Street Address Line 1</b></p> <p><input type="text"/></p>	<p><b>Email (Optional)</b></p> <p><input type="text"/></p>								
<p><b>Street Address Line 2 (Optional)</b></p> <p><input type="text"/></p>									
<p><b>Zip Code (Postal Code)</b></p> <p><input type="text"/></p>									
<p><b>City</b></p> <p><input type="text"/></p>									
<p><b>State/Province/Territory</b></p> <p><input type="text" value="Please Select"/></p>									

**Fields Included in this Section:**

All fields are required, unless indicated as "Optional".



Table 7

<b>Field</b>	<b>Field Information</b>
<b>Name of the submitter</b>	The first name and last name (surname) of the person submitting this form
<b>Select a radio button</b>	Specify whether the Owner or Operator of the facility, or an individual authorized by the Owner or Operator of the facility, is submitting this form. You must choose one of the following radio buttons: Owner or Operator (Stop here, form is completed) or Individual authorized to submit the registration
<b>Indicate who authorized you to submit the registration</b>	If you selected “Individual authorized to submit the registration” because you are not the Owner or Operator, you must identify the person who authorized you to submit this registration. You must select one of the following radio buttons: Owner or Operator (Stop here, form is completed) or Name of Individual who authorized registration on behalf of Owner or Operator
<b>Name of Individual who authorized registration on behalf of Owner or Operator</b>	If you selected “Name of Individual who authorized registration on behalf of Owner or Operator”, enter the individual’s name and address information.
<b>Individual's Name</b>	The first name and last name (surname) of the individual’s name
<b>Street Address</b>	The address of the person who authorized you to submit this form, if applicable This can be a physical/geographical location or other mailing address.
<b>City</b>	The city in which the authorizing individual is located
<b>State/Province/Territory</b>	The state, province, or territory where the authorizing individual is located Select a state, province, or territory from the dropdown menu or select “Not applicable”.
<b>Zip Code (Postal Code)</b>	The zip code (for domestic addresses) or postal code (for foreign addresses) where the authorizing individual is located
<b>Country/Area</b>	The country/area where the authorizing individual is located
<b>Phone Number: Country Code</b>	For foreign addresses, the three-digit country code of the telephone number for the authorizing individual
<b>Phone Number: Area/City Code</b>	The three-digit area code (for domestic addresses) or city code (foreign addresses) of the telephone number for the authorizing individual

<b>Field</b>	<b>Field Information</b>
<b>Phone Number: Phone Number</b>	The telephone number for the authorizing individual
<b>Phone Number: Extension</b>	The telephone extension, if any, dialed after the telephone number, for the authorizing individual
<b>FAX Number: Country Code</b>	For foreign addresses, the three-digit country code for the telephone number of the FAX machine of the authorizing individual
<b>FAX Number: Area/City Code</b>	The three-digit area code (for domestic addresses) or city code (for foreign addresses) for the telephone number of the FAX machine of the authorizing individual
<b>FAX Number: FAX Number</b>	The telephone number of the FAX machine of the authorizing individual
<b>E-mail Address (Optional)</b>	The electronic mail address of the authorizing individual.

## Register a Shell Egg Facility – Step 5

### Registration Review

Review your registration before submitting it for processing (Figure 14). Selecting the “Edit” icon for a section displays the corresponding data entry screen, from which you can edit and save changes by submitting (Figure 15).

Select the “Submit” button to submit the registration.

**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 registration.

**Figure 14: Review Section**

✓ Section 1
✓ Section 2 and 3
✓ Section 4 and 5
✓ Section 6 and 7
Review Section

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: Feb 20, 2024, 11:14:15 PM

SECTION 1 - TYPE OF REGISTRATION ✎

Facility Location  
Domestic Registration

Initial Registration  
Registration number will be generated upon submission

Are you the new owner of a previously registered facility?  
 Yes  No

If "Yes", provide the following information, if known

Previous Owner's Name (Optional):

Previous Owner's Registration Number (Optional):

Is this facility registered with Food Facility Registration Module (FFRM)?  
 Yes  No

FFRM Registration Number

Facility FEI Number  
FEI Number will be generated upon submission

SECTION 2 - FACILITY NAME/ADDRESS INFORMATION ✎

Facility Name	Phone Number
Country/Area United States	Fax Number (Optional) 1-
Facility Street Address Line 1	Email (Optional)
Facility Street Address Line 2 (Optional)	
Zip Code (Postal Code)	
City	
State/Province/Territory VA	

SECTION 3 - PREFERRED MAILING ADDRESS INFORMATION (OPTIONAL) ✎

Is the preferred mailing address the same as the facility address (Section 2)?  
 Yes

SECTION 4 - SEASONAL FACILITY DATES OF OPERATION (OPTIONAL) ✎

Dates of Operation

SECTION 5 - SIZE OF OPERATION ✎

Average or usual number of layers in each poultry house

Number of poultry house on the farm

Total Number of Layers

SECTION 6 - OWNER OR OPERATOR INFORMATION ✎

Name of Entity or Individual who is the Owner or Operator

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)  None of the above

Facility Name	Phone Number
Country/Area United States	Fax Number (Optional) 1-
Facility Street Address Line 1	Email (Optional)
Facility Street Address Line 2 (Optional)	
Zip Code (Postal Code)	
City	
State/Province/Territory VA	

SECTION 7 - CERTIFICATION STATEMENT ✎

The owner or operator of the facility, or an individual authorized by the owner or operator 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 or operator of the facility certifies that the above information is true and accurate. An individual (other than the owner or operator 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 or operator 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.

I have read and understand the above statement

Name of the submitter

Owner or Operator (Stop here, form is completed)  Individual authorized to submit the registration

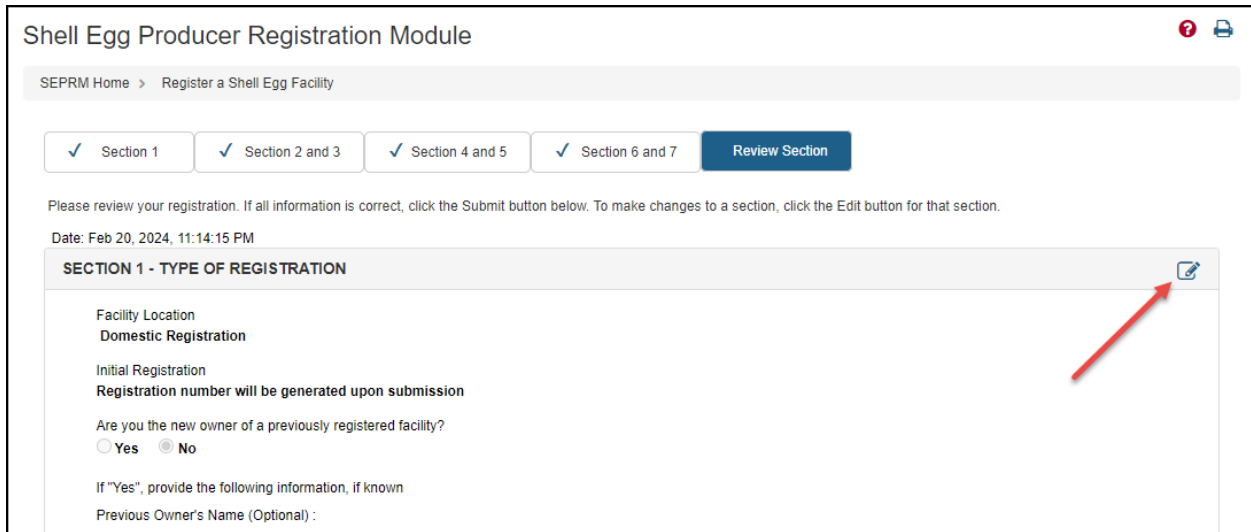
Indicate who authorized you to submit the registration:

Owner or Operator (Stop here, form is completed)  Individual Authorized to submit the registration

Previous
Cancel and Start again from section 1
Submit

Page | 16

**Figure 15: Review Section - Edit Icon**



## Register a Shell Egg Facility – Confirmation Page

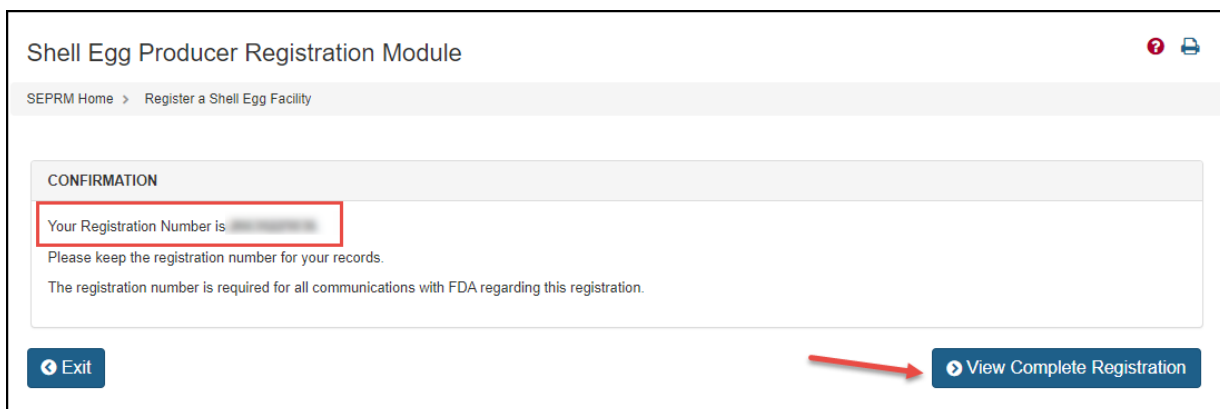
### Registration Successful

Once you select the "Submit" button from the Review Section, the system will generate a registration number and display it on the "Confirmation" page. You will also receive an email notification (sent to the email address provided) which contains the same registration number.

**Note:** Make a note of this number for your records.

To view the entire registration in its final form, select "View Complete Registration" (Figure 16). To return to the SEPRM Home, select "Exit".

**Figure 16: Confirmation Page**



**Fields Included in this Section:**

**Table 8**

<i>Field</i>	<i>Field Information</i>
<i>Registration Number</i>	The number assigned by FDA to this facility's registration

## Register a Shell Egg Facility – View Completed Registration

View the complete registration in its final form (Figure 17). Using the buttons at the bottom of the screen, you can print a copy of the registration for your records. You can also return to the SEPRM Home page to initiate another registration or complete other registration tasks.

**Note:** The registration number is displayed at the top of the registration form.

Figure 17: View Completed Registration

SEPRM Home > View Registration

**SECTION 1 - TYPE OF REGISTRATION**

1a. Facility Location  
Domestic Registration

1b. Initial Registration  
[Redacted]

Are you the new owner of a previously registered facility?  
 Yes  No

1c. Previous Owner's Name (Optional):  
Previous Owner's Registration Number (Optional):

1d. FFRM Registration Number  
1e. Facility FEI Number  
[Redacted]

**SECTION 2 - FACILITY NAME/ADDRESS INFORMATION**

Facility Name [Redacted]	Phone Number [Redacted]
Country/Area United States	Fax Number (Optional) [Redacted]
Facility Street Address Line 1 [Redacted]	Email (Optional) [Redacted]
Facility Street Address Line 2 (Optional) [Redacted]	
Zip Code (Postal Code) [Redacted]	
City [Redacted]	
State/Province/Territory NJ	

**SECTION 3 - PREFERRED MAILING ADDRESS INFORMATION (OPTIONAL)**

Is the preferred mailing address the same as the facility address (Section 2)?  
 Yes

**SECTION 4 - SEASONAL FACILITY DATES OF OPERATION (OPTIONAL)**

Dates of Operation  
[Redacted]

**SECTION 5 - SIZE OF OPERATION**

Average or usual number of layers in each poultry house  
[Redacted]

Number of poultry house on the farm  
[Redacted]

Total Number of Layers  
[Redacted]

**SECTION 6 - OWNER OR OPERATOR INFORMATION**

Name of Entity or Individual who is the Owner or Operator  
[Redacted]

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)  None of the above

Country/Area United States	Phone Number [Redacted]
Street Address Line 1 [Redacted]	Fax Number (Optional) [Redacted]
Street Address Line 2 (Optional) [Redacted]	Email (Optional) [Redacted]
Zip Code (Postal Code) [Redacted]	
City [Redacted]	
State/Province/Territory NJ	

**SECTION 7 - CERTIFICATION STATEMENT**

The owner or operator of the facility, or an individual authorized by the owner or operator 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 or operator of the facility certifies that the above information is true and accurate. An individual (other than the owner or operator 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 or operator 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.

I have read and understand the above statement.

Name of the submitter  
[Redacted]

Owner or Operator (Stop here, form is completed)  Individual authorized to submit the registration

Indicate who authorized you to submit the registration:  
 Owner or Operator (Stop here, form is completed)  Individual Authorized to submit the registration

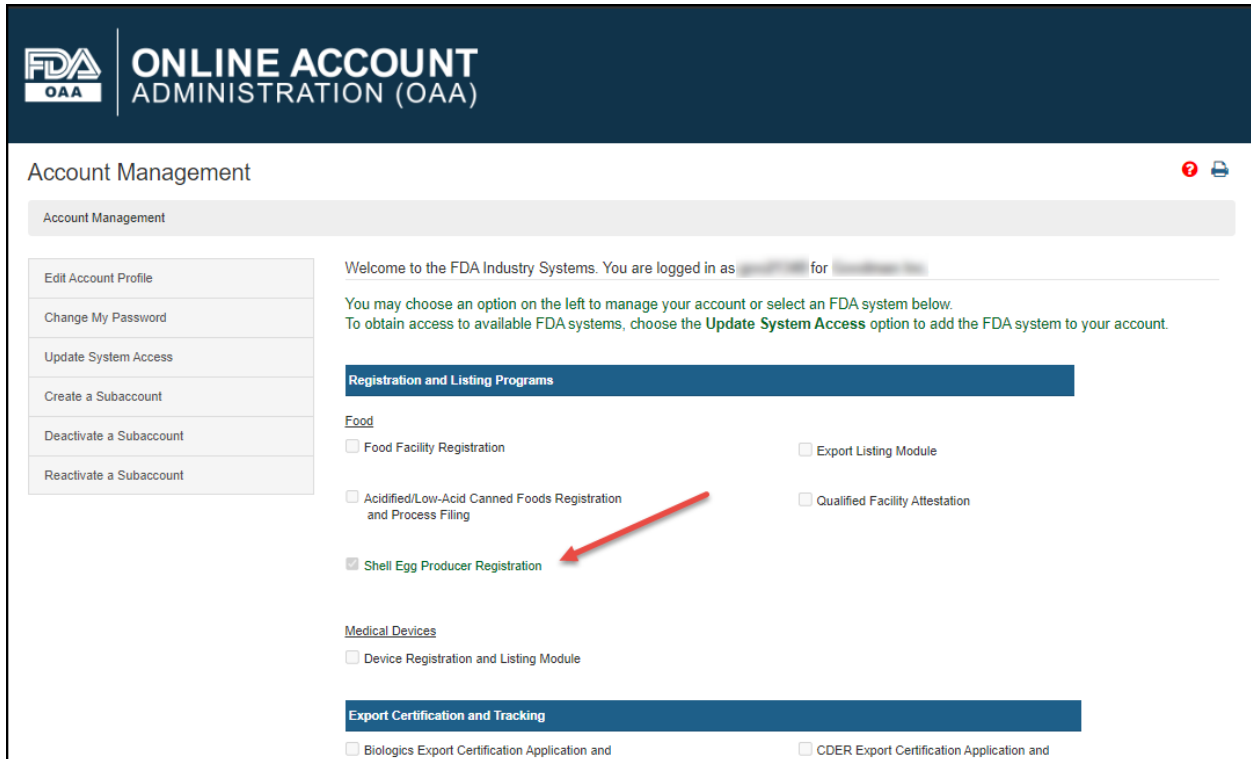
[Exit](#) [Print Registration](#)

# Update Registration

## Update Shell Egg Registration Start

After you have logged into FDA Industry Systems (FIS), choose “Shell Egg Producer Registration” from the list of available systems under “Registration and Listing Programs” on the FURLS Online Account Administration (OAA) – Account Management Page (Figure 1).

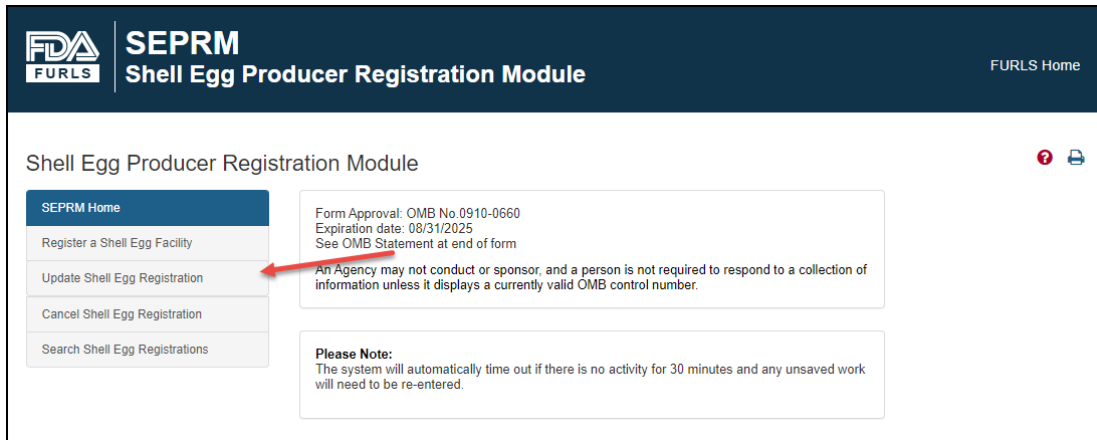
**Figure 18: Account Management Page**



The system will take you to the Shell Egg Producer Registration Module (SEPRM) Home page.

To update a shell egg registration, choose “Update Shell Egg Registration” from the list of navigation menu options on the SEPRM Home page (Figure 2).

**Figure 19: SEPRM Home Page**

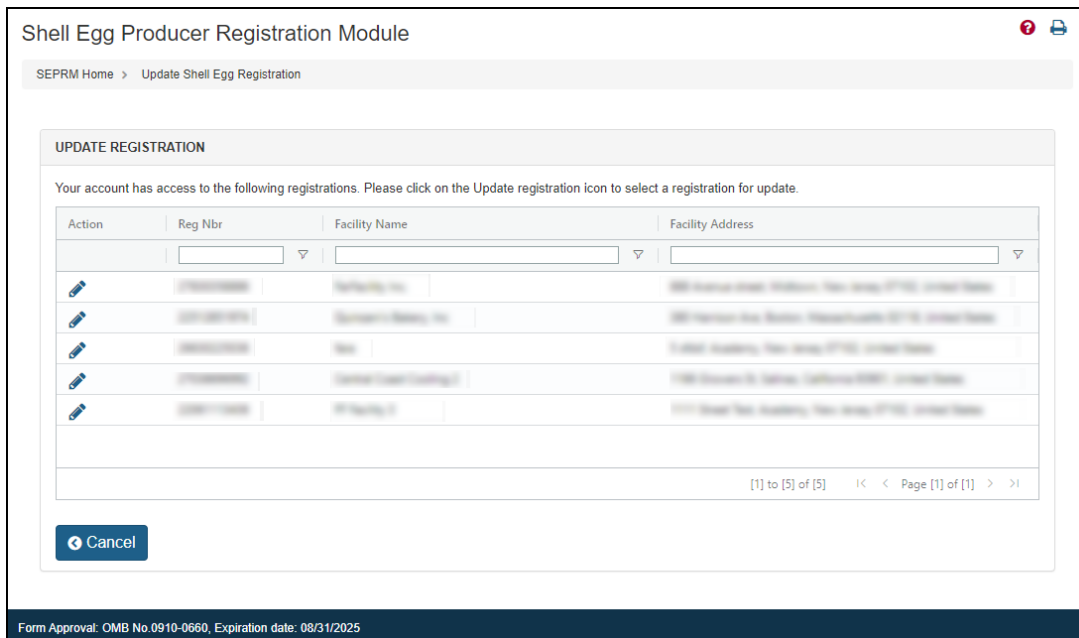


## Update Shell Egg Registration – Step 1

Select the registration you want to update. The table displays all registrations associated with this account (Figure 3).

To choose a particular registration, select the “Update Registration” (pencil) icon located under the “Action” column. This will allow you to view options for updating that registration.

**Figure 20: Update Shell Egg Registration**



## Update Shell Egg Registration – Step 2

Indicate which section of the registration you want to update.

A Review Registration information screen will display, similar to the one which was displayed when initially registering your facility.



Indicate which section of the registration you want to update (Figure 4). Selecting the “Edit” icon for a section brings up the corresponding data entry screen, from which you can edit and save changes by submitting them.

Certain elements of the registration form are optional; updating those optional items is not required but is strongly encouraged.

**Note:** The “Facility Location” under Section 1: Type of Registration (in which you indicate whether this is a domestic or foreign facility) cannot be updated using “Update Shell Egg Registration”. If you wish to change the facility location, you must cancel this registration by selecting “Cancel Shell Egg Registration” from the SEPRM Home page and initiating a new registration.

Figure 21: Review Section

✓ Section 1 ✓ Section 2 and 3 ✓ Section 4 and 5 ✓ Section 6 and 7 Review Section

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 Feb 20, 2024, 11:52:03 PM	Created By [Redacted]
Created Date 02/20/2024 10:49:39	Initial Registration [Redacted]
Last Updated 02/20/2024 10:49:39	
Registration Status VALID	

**SECTION 1 - TYPE OF REGISTRATION**

**SECTION 2 - FACILITY NAME/ADDRESS INFORMATION** ✎

**SECTION 3 - PREFERRED MAILING ADDRESS INFORMATION (OPTIONAL)** ✎

**SECTION 4 - SEASONAL FACILITY DATES OF OPERATION (OPTIONAL)** ✎

**SECTION 5 - SIZE OF OPERATION** ✎

**SECTION 6 - OWNER OR OPERATOR INFORMATION** ✎

**SECTION 7 - CERTIFICATION STATEMENT** ✎

CancelSubmit

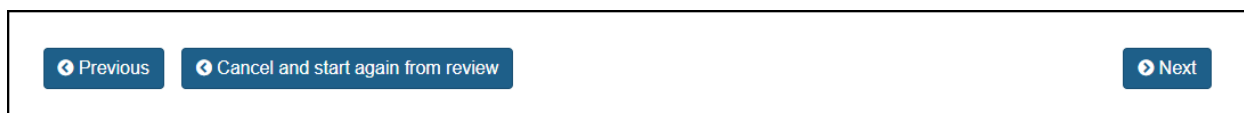
## Update Shell Egg Registration – Step 3

### Update the Facility Information

Update the registration information for the registered facility. At the bottom of each screen are the following buttons (Figure 5):

- **Previous** – Returns you to the previous screen to continue updating the registration
- **Next** – Directs you to the next screen to continue updating the registration
- **Cancel & Start Again from Review** – Returns you to the Review Registration page. Any changes you have made will be lost.

**Figure 22: Previous, Next, Cancel & Start Buttons**



### Section 2 – Facility Name / Address Information

Update the name, address, phone, FAX, and E-mail address for the Facility being registered. The facility address should only be updated due to postal service changes (e.g., zip/postal code changes, a road being renamed, etc.)

If the facility has physically relocated, this registration must be cancelled, and a new registration should be completed.

#### Fields Included in this Section:

All fields are required, unless indicated as “Optional”.

**Table 9**

<b>Fields</b>	<b>Field Details</b>
<b><i>Please select the checkbox (Yes) only if the physical location of the facility has changed. You must complete a new registration if the facility has physically relocated.</i></b>	Choose one of the following two options: <ul style="list-style-type: none"> <li>• Selecting “Yes” cancels the registration. You must complete a new registration if the facility has physically relocated.</li> </ul> or <ul style="list-style-type: none"> <li>• Selecting “No” allows you to continue updating this section.</li> </ul>
<b><i>Physical Location Change Confirmation</i></b>	If you selected “Yes”, the system displays the Physical Location Change Confirmation page. Click “Continue” to navigate to the new registration page. Click “Cancel” if you want to cancel the process.
<b><i>Facility Name</i></b>	The name of the facility being registered

<b>Fields</b>	<b>Field Details</b>
<b>Facility Street Address</b>	The physical location of the facility being registered This is normally a street address but may be some other physical/geographical designation used in rural locations.
<b>City</b>	The city in which the facility is located
<b>Country/Area</b>	The country/area in which the facility is located For foreign addresses, select a country/area from the dropdown menu. (For domestic registrations, United States is filled in automatically.)
<b>State/Province/Territory</b>	The state, province, or territory in which the facility is located Select a state, province, or territory from the dropdown menu when applicable or select "Not applicable".
<b>Zip Code (Postal Code)</b>	The zip code (for domestic addresses) or postal code (for foreign addresses) of the facility being registered
<b>Phone Number: Country Code</b>	For foreign addresses, the three-digit country code of the telephone number for the facility being registered
<b>Phone Number: Area/City Code</b>	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the facility being registered
<b>Phone Number: Phone Number</b>	The telephone number of the facility being registered
<b>Phone Number: Extension</b>	The telephone extension dialed after the telephone number of the facility being registered
<b>FAX Number: Country Code</b>	For foreign addresses, the three-digit country code of the telephone number of the FAX machine for the facility being registered
<b>FAX Number: Area/City Code</b>	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number of the FAX machine for the facility being registered
<b>FAX Number: FAX Number</b>	The telephone number of the FAX machine for the facility being registered
<b>E-mail Address (Optional)</b>	An electronic mail address for the facility being registered If the E-mail address is not provided the system will display a pop-up message: "If facility contact has e-mail address, then please enter the e-mail address to speed up and simplify the registration process. If you want to continue without including an e-mail address, press the continue button again".

### Section 3 – Preferred Mailing Address Information

#### Update the Preferred Mailing Address Information

If the Preferred Mailing Address is the same as the Facility Address (Section 2), "Yes" radio button should be selected. Otherwise, select "No" to enter preferred mailing address.

**Note:** The Facility Address and the Preferred Mailing Address do not need to be in the same country/area.

**Fields Included in this Section:**

If you fill out this section, all fields are required, unless indicated as “Optional”.

**Table 10**

<b>Field</b>	<b>Field Details</b>
<b>Auto fill from account information</b>	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 automatically fill the address fields 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 choose “Clear” to undo and enter the correct information manually.
<b>Name</b>	The name of the person or company where you wish to receive mail from FDA regarding this registration
<b>Street Address</b>	The mailing address of the company or person named The address at which you would like to receive notices from FDA about this registration
<b>City</b>	The city in which the preferred mailing address is located
<b>Country/Area</b>	The country/area in which the preferred mailing address is located Select a country/area from the dropdown menu.
<b>State/Province/Territory</b>	The state, province, or territory in which the preferred mailing address is located. Select a state, province, or territory from the dropdown menu when applicable or select “Not applicable”.
<b>Zip Code (Postal Code)</b>	The zip code (for domestic addresses) or postal code (for foreign addresses) for the preferred mailing address
<b>Phone Number: Country Code</b>	For foreign addresses, the three-digit country code of the telephone number for the preferred mailing address
<b>Phone Number: Area/City Code</b>	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the preferred mailing address
<b>Phone Number: Phone Number</b>	The telephone number for the preferred mailing address
<b>Phone Number: Extension</b>	The telephone extension dialed after the telephone number, for the preferred mailing address.
<b>FAX Number: Country Code</b>	For foreign addresses, the three-digit country code for the telephone number of the FAX machine for the preferred mailing address.
<b>FAX Number: Area/City Code</b>	The three-digit area code (for domestic addresses) or city code (foreign addresses) of the telephone number of the FAX machine for the preferred mailing address.
<b>FAX Number: FAX Number</b>	The telephone number of the FAX machine for the preferred mailing address
<b>E-mail Address (Optional)</b>	An electronic mail address for the preferred mailing address

**Section 4 – Seasonal Facility Dates of Operation**

Dates of Operation refers to the months during which the facility is open for business. If this facility operates on a seasonal basis, you may choose to complete this section.

**Fields Included in this Section:**

**Table 11**

<i>Field</i>	<i>Field Information</i>
<b><i>Dates of Operation</i></b>	The approximate months during which the facility operates if it operates on a seasonal basis

**Section 5 – Size of Operation**

**Fields Included in this Section:**

**Table 12**

<i>Fields</i>	<i>Field Information</i>
<b><i>Average or usual number of layers in each poultry house</i></b>	The average or usual number of layers in each poultry house
<b><i>Number of poultry house on the farm</i></b>	The total number of poultry houses on the farm
<b><i>Total Number of Layers</i></b>	The total number of layers is calculated by the system and is equal to the average number of layers in each poultry house multiplied by the number of poultry houses on the farm.

**Section 6 – Owner or Operator Information**

If the contact information for the owner or operator is the same as that in another section of the form, choose the radio buttons corresponding to that section. Otherwise, enter the requested information by selecting the radio button “None of the above”.

**Fields Included in this Section:**

All fields are required, unless indicated as “Optional”.

Table 13

<b>Fields</b>	<b>Field Information</b>
<b>Name of Entity or Individual who is the Owner or Operator</b>	The name of the person or entity who is the owner or operator of the facility being registered
<b>Is their contact information the same as any of the previous sections?</b>	Specifies whether the Owner or Operator address information is identical to previously entered information. You may choose one of the following radio buttons: <ul style="list-style-type: none"> <li>• Choose Section 2 “Same as Facility Address (Section 2)” if the owner or operator address information is the same as the facility address information entered in Section 2: Facility Name / Address Information.</li> </ul> or <ul style="list-style-type: none"> <li>• Choose “Same as Preferred Mailing Address (Section 3)” if the owner or operator address information is the same as the preferred mailing address information entered in Section 3: Preferred Mailing Address Information.</li> </ul> or <ul style="list-style-type: none"> <li>• Choose “None of the above” if you must enter the information manually.</li> </ul>
<b>Street Address</b>	The address of the owner or operator of the facility being registered This can be a physical/geographical location or other mailing address.
<b>City</b>	The city in which the owner or operator of the facility being registered is located
<b>Country/Area</b>	The country/area in which the owner or operator of the facility being registered is located
<b>State/Province/Territory</b>	The state, province, or territory in which the owner or operator of the facility being registered is located Select a state, province, or territory from the dropdown menu when applicable or select “Not applicable”.
<b>Zip Code (Postal Code)</b>	The zip code (for domestic addresses) or postal code (for foreign addresses) for the owner or operator of the facility being registered.
<b>Phone Number: Country Code</b>	For foreign addresses, the three-digit country code of the telephone number for the owner or operator of the facility being registered
<b>Phone Number: Area/City Code</b>	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the owner or operator of the facility being registered
<b>Phone Number: Phone Number</b>	The telephone number for the owner or operator of the facility being registered
<b>Phone Number: Extension</b>	The telephone extension dialed after the telephone number, for the owner or operator of the facility being registered
<b>FAX Number: Country Code</b>	For foreign addresses, the three-digit country code for the telephone number of the FAX machine of the owner or operator of the facility being registered

<b>Fields</b>	<b>Field Information</b>
<b>FAX Number: Area/City Code</b>	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 or operator of the facility being registered
<b>FAX Number: FAX Number</b>	The telephone number of the FAX machine for the owner or operator of the facility being registered
<b>E-mail Address (Optional)</b>	An electronic mail address for the owner or operator of the facility being registered

## Section 7 – Certification Statement

After making other changes to the registration, you may update information about yourself as the submitter of this registration or the person who authorized submission of this registration. Certify its truth and accuracy. Once you have completed this section, select “Next”. You will be given the opportunity to review your registration to make any changes before submitting it for processing.

### Fields Included in this Section:

All fields are required, unless indicated as “Optional”.

**Table 14:**

<b>Field</b>	<b>Field Information</b>
<b>Name of the Submitter</b>	The first name and last name (surname) of the person submitting this form
<b>Select a radio button</b>	Specify whether the owner or operator of the facility, or an individual authorized by the owner or operator of the facility, is submitting this form. You must choose one of the following radio buttons: <ul style="list-style-type: none"> <li>• Owner or Operator (Stop here, form is completed)</li> </ul> or <ul style="list-style-type: none"> <li>• Individual Authorized to Submit the Registration</li> </ul>
<b>Indicate who authorized you to submit the registration</b>	If you selected “Individual Authorized to Submit the Registration” because you are not the owner or operator, you must indicate the person who authorized you to submit this registration. You must select one of the following radio buttons: <ul style="list-style-type: none"> <li>Owner or Operator (Stop here, form is completed)</li> </ul> or <p>Name of individual who authorized registration on behalf of Owner or Operator</p>
<b>Name of Individual who authorized registration on behalf of Owner or Operator</b>	If you selected “Name of Individual who authorized registration on behalf of Owner or Operator”, enter the individual’s name and address information.
<b>Individual's Name</b>	The first name and last name (surname) of the individual’s name
<b>Street Address</b>	The address of the person who authorized you to submit this form This can be a physical/geographical location or other mailing address



<b>Field</b>	<b>Field Information</b>
<b>City</b>	The city in which the authorizing individual is located
<b>State/Province/Territory</b>	The state, province, or territory where the authorizing individual is located Select a state, province, or territory from the dropdown menu when applicable or select "Not applicable".
<b>Zip Code (Postal Code)</b>	The zip code (for domestic registrations) or postal code (for foreign registrations) where the authorizing individual is located
<b>Country/Area</b>	The country/area where the authorizing individual is located
<b>Phone Number: Country Code</b>	For foreign addresses, the three-digit country code of the telephone number for the authorizing individual
<b>Phone Number: Area/City Code</b>	The three-digit area code (for domestic addresses) or city code (foreign addresses) of the telephone number for the authorizing individual
<b>Phone Number: Phone Number</b>	The telephone number for the authorizing individual
<b>Phone Number: Extension</b>	The telephone extension dialed after the telephone number, for the authorizing individual
<b>FAX Number: Country Code</b>	For foreign addresses, the three-digit country code for the telephone number of the FAX machine of the authorizing individual
<b>FAX Number: Area/City Code</b>	The three-digit area code (for domestic addresses) or city code (for foreign addresses) of the telephone number for the FAX machine of the authorizing individual
<b>FAX Number: FAX Number</b>	The telephone number of the FAX machine of the authorizing individual
<b>E-mail Address (Optional)</b>	The electronic mail address of the authorizing individual

## Update Shell Egg Registration – Step 4

### Review the Registration

Review your updates before submitting them for processing. Selecting the "Edit" icon for a section brings up the corresponding data entry screen, from which you can edit and save changes by submitting. If all of the information is correct, select "Submit" at the bottom of the screen.

Select the "Cancel" button to return to the SEPRM Home page.

**Note:** By selecting "Cancel", any changes you have made will be lost.

## Update Shell Egg Registration – Step 5

### Registration Update Complete

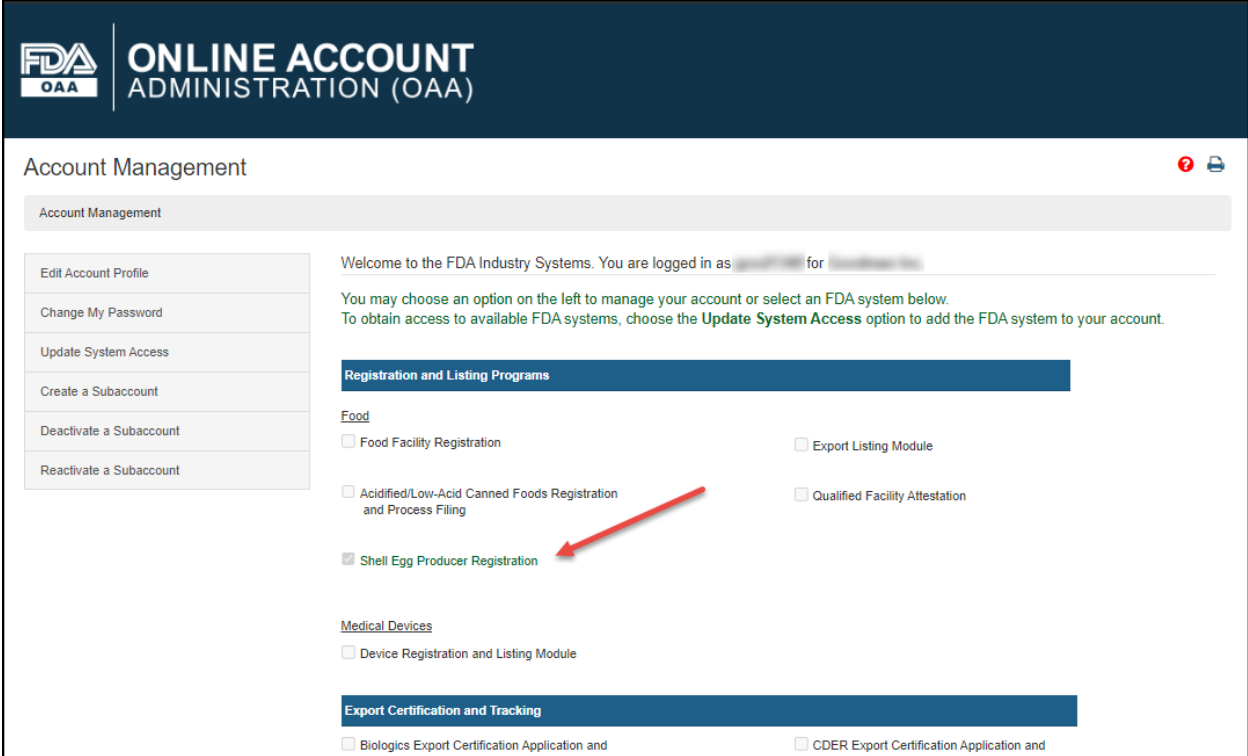
Once you select the "Submit" button from the Review Section, the system will update the registration and display a message on the Confirmation page. Select "Exit" to return to the SEPRM Home page.

# Cancel Registration

## Cancel Shell Egg Registration Start

After you have logged into FDA Industry Systems (FIS), choose "Shell Egg Producer Registration" from the list of available systems under "Registration and Listing Programs" on the FURLS Online Account Administration (OAA) – Account Management Page (Figure 1).

Figure 23: Account Management Page



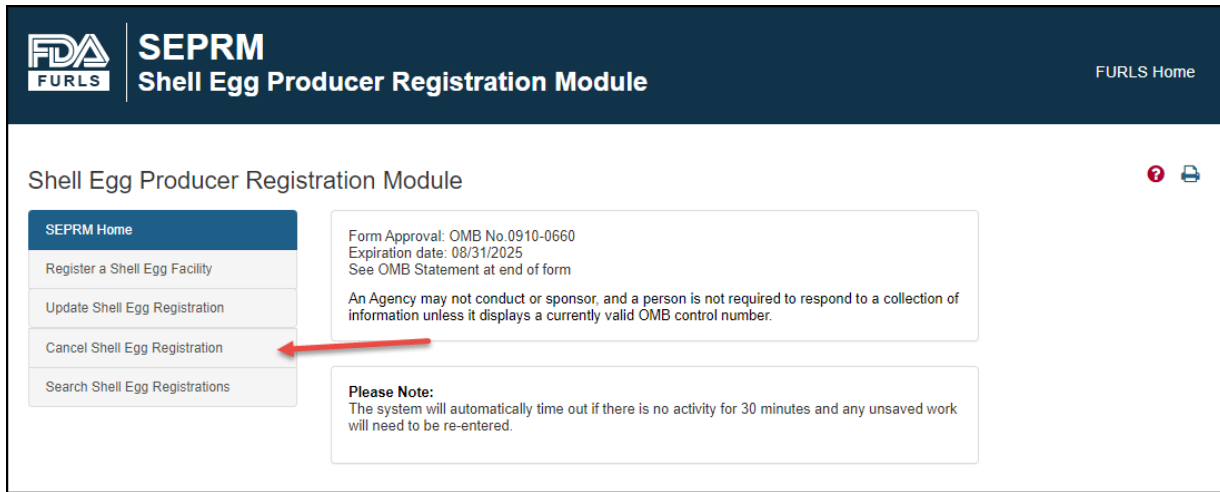
The system will navigate you to the Shell Egg Producer Registration Module (SEPRM) Home page.

To cancel a shell egg registration, choose "Cancel Shell Egg Registration" from the list of navigation menu options on the SEPRM Home page (Figure 2).

The status of a registration can be "Valid," "Invalid," or "Cancelled". "Valid" and "Invalid" are internal FDA designations. External users may only change the status to "Cancelled".

**Note:** Cancelling a registration is irreversible. A new registration is required for a facility with a cancelled registration.

**Figure 24: SEPRM Home Page**

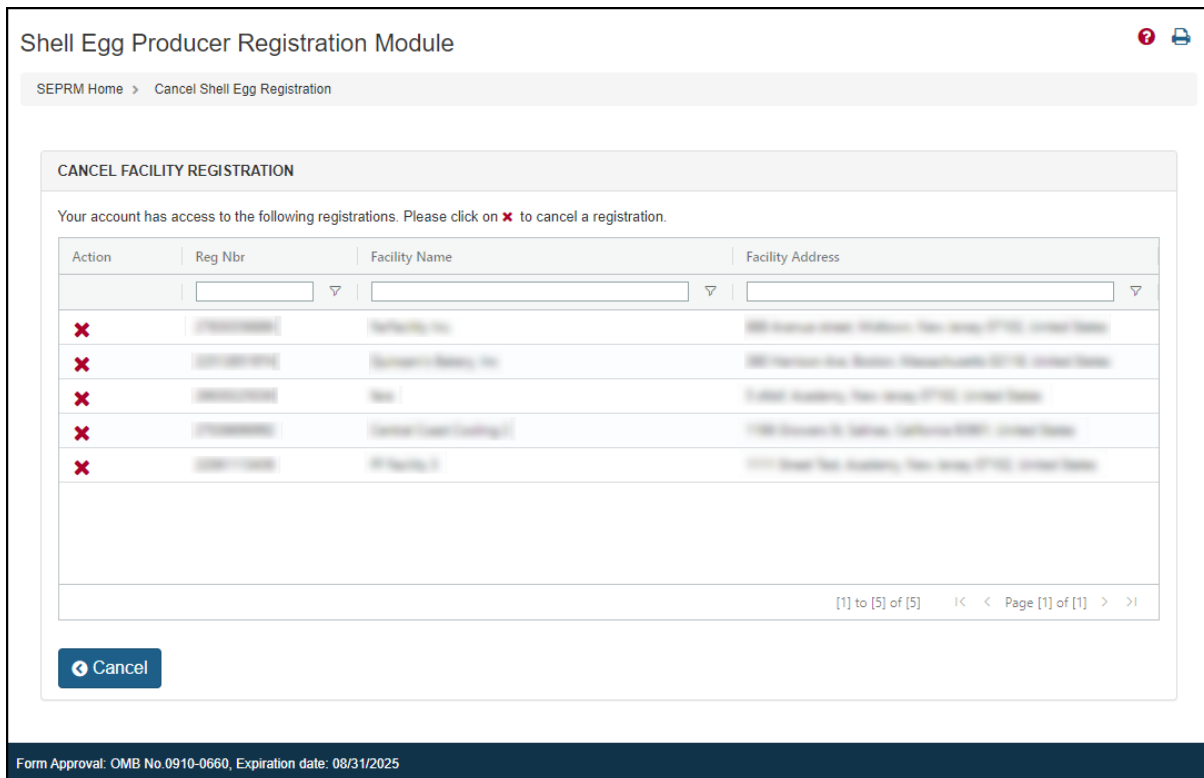


## Cancel Registration – Step 1

All registrations linked to your account are displayed in the “Cancel Facility Registration” table.

To cancel a registration, select the “Cancel Registration” (X) icon located under the “Action” column (Figure 3). You will be navigated to the Cancel Shell Egg Registration page (Figure 4).

**Figure 25: Cancel Facility Registration**



## Cancel Registration – Step 2

To cancel a registration, enter information about yourself as the submitter of this cancellation – the person who authorized submission of this cancellation. Certify its truth and accuracy (Figure 4).

The owner or operator of the facility, or an individual authorized by the owner or operator of the facility, must submit this form. By submitting this form to FDA, the owner or operator or the individual authorized by the owner or operator certifies that the information submitted is true and accurate and that the facility has authorized the submitter to cancel its registration 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.

To complete the form:

1. Choose the “Cancelled” status in the New Registration Status box.
2. Enter the required information to complete the Certification Statement.
3. Click “Submit”.

**Table 15: Fields Included in this Section:**

<b>Field</b>	<b>Field Details</b>
<b>New Registration Status</b>	The status you want to set the registration to – “Cancelled”
<b>Name of the Submitter</b>	The first name and last name (surname) of the person submitting this form
<b>Select a radio button</b>	Specify whether the owner or operator of the facility, or an individual authorized by the owner or operator of the facility is submitting this form. You must choose one of the following radio buttons: <ul style="list-style-type: none"> <li>• Owner or Operator (Stop here, form is completed)</li> <li>or</li> <li>• Individual Authorized to Submit the Cancellation</li> </ul>
<b>Indicate who authorized you to submit the cancellation</b>	If you selected “Individual authorized to submit the cancellation” because you are not the owner or operator, you must identify the person who authorized you to submit this cancellation. You must select one of the following radio buttons: <ul style="list-style-type: none"> <li>• Owner or Operator (Stop here, form is completed)</li> <li>or</li> <li>• Name of individual who authorized cancellation on behalf of the owner or operator</li> </ul>
<b>Name of Individual who authorized cancellation on behalf of Owner or Operator</b>	If you selected “Name of individual who authorized cancellation on behalf of the owner or operator”, enter the individual’s name and address information.
<b>Individual’s Name</b>	The first name and last name (surname) of the individual’s name

<b>Field</b>	<b>Field Details</b>
<b>Street Address</b>	The address of the person who authorized you to submit this form, if applicable This can be a physical/geographical location or other mailing address.
<b>City</b>	The city in which the authorizing individual is located
<b>State/Province/Territory</b>	The state, province, or territory where the authorizing individual is located
<b>Zip Code (Postal Code)</b>	The zip code (for domestic addresses) or postal code (for foreign addresses) where the authorizing individual is located
<b>Country/Area</b>	The country/area where the authorizing individual is located
<b>Phone Number: Country Code</b>	For foreign addresses, the three-digit country code of the telephone number for the authorizing individual
<b>Phone Number: Area/City Code</b>	The three-digit area code (for domestic addresses) or city code (foreign facilities) of the telephone number for the authorizing individual
<b>Phone Number: Phone Number</b>	The telephone number for the authorizing individual
<b>Phone Number: Extension</b>	The telephone extension dialed after the telephone number for the authorizing individual
<b>FAX Number: Country Code</b>	For foreign addresses, the three-digit country code for the telephone number of the FAX machine for the authorizing individual
<b>FAX Number: Area/City Code</b>	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
<b>FAX Number: FAX Number</b>	The telephone number of the FAX machine for the authorizing individual
<b>E-mail Address (Optional)</b>	The electronic mail address of the authorizing individual

**Figure 26: Cancel Shell Egg Registration Page**

Shell Egg Producer Registration Module

SEPRM Home > Cancel Shell Egg Registration

**REGISTRATION DETAILS**

Registration Number ██████████	Registration Status <b>VALID</b>
Facility Name ██████████	Facility Address ██████████

**REGISTRATION STATUS**

**New Registration Status**

CANCELLED
×
▼

**CERTIFICATION STATEMENT**

The owner or operator of the facility, or an individual authorized by the owner or operator 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 or operator of the facility certifies that the above information is true and accurate. An individual (other than the owner or operator 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 or operator 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**

Owner or Operator (Stop here, form is completed)

Individual authorized to submit the cancellation

Indicate who authorized you to submit the cancellation

Owner or Operator (Stop here, form is completed)

Name of individual who authorized cancellation on behalf of Owner or Operator

**Name of individual who authorized cancellation on behalf of owner or operator**

Address Information for the Authorizing Individual

**Country/Area**

Please Select
×
▼

**Street Address Line 1**

**Street Address Line 2 (Optional)**

**Zip Code (Postal Code)**

**City**

**State/Province/Territory**

Please Select
×
▼

**Phone Number**

Country

Area

Phone Number

Ext

[Clear](#)

← Previous

→ Submit

## Cancel Registration – Step 3

When the process is complete, the system displays a message on the Confirmation page.

The cancellation you made is now saved to the system. Cancelled registrations can still be viewed using the [Search Shell Egg Registrations](#) function.

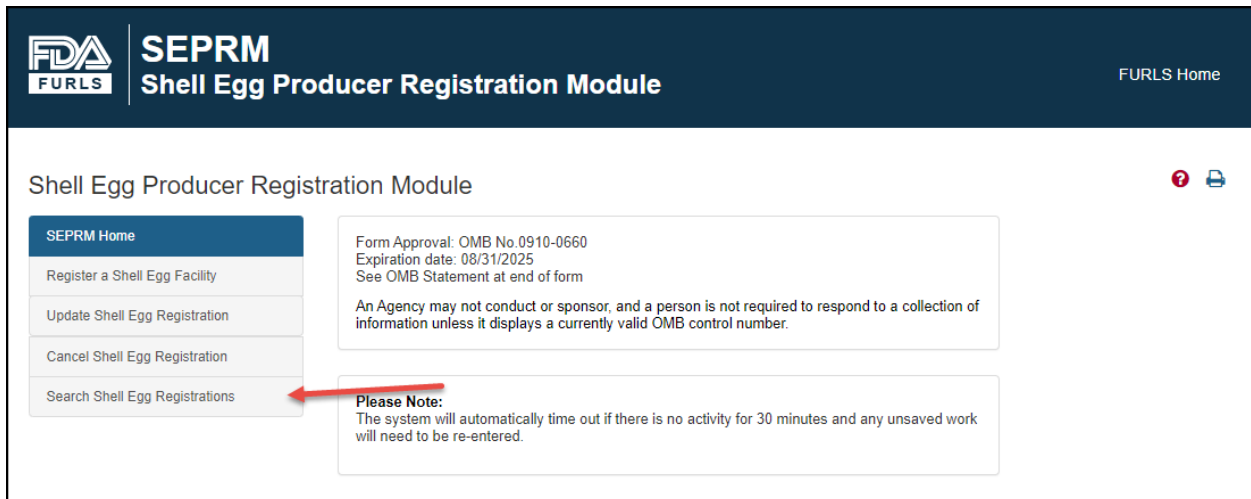
## Search Registrations

### Search Shell Egg Registrations Start

After you have logged into FDA Industry Systems (FIS), choose “Shell Egg Producer Registration” from the list of available systems under “Registration and Listing Programs” on the OAA – Account Management Page ([Figure 1](#)).

To search for registrations, choose “Search Shell Egg Registrations” from the SEPRM Home page (Figure 5).

**Figure 27: SEPRM Home Page – Search Menu**



Use the Search Shell Egg Registrations option to search your registrations by various criteria. Once you have located the facility you are searching for, you can update, cancel, or review the registration.

## Search – Step 1

### Facility Search

Use this function to search your facility registrations by facility information (e.g., name, address, registration number, or size of operation) (Figure 6).

**Note:** If you do not enter any search criteria, the search results will return all of the registrations linked to your account.

**Figure 28: Search Shell Egg Registrations**

You can search using any or all the following fields:

**Table 16: Fields Included in this Section**

<b>Field</b>	<b>Field Details</b>
<b>Name</b>	The name of the registered facility
<b>City</b>	The city in which the facility is located
<b>Country/Area</b>	The country/area in which the facility is located Select a country/area from the dropdown menu.
<b>State / Province / Territory</b>	The state (for domestic registrations) or province or territory (for foreign registrations) in which the facility is located
<b>Zip Code (Postal Code)</b>	The zip code (for domestic registrations) or postal code (for foreign registrations) in which the facility is located
<b>Registration Number</b>	The registration number assigned to this facility by the system
<b>Total # of Layers (min)</b>	The minimum number of laying hens Used to search for facilities within a range of values
<b>Total # of Layers (max)</b>	The maximum number of laying hens Used to search for facilities within a range of values



Field	Field Details
<b># of Poultry Houses (min)</b>	The minimum number of poultry houses Used to search for facilities within a range of values
<b># of Poultry Houses (max)</b>	The maximum number of poultry houses. Used to search for facilities within a range of values
<b>Start Date</b>	Used to search for facilities created on or after the start date in mm/dd/yyyy format
<b>End Date</b>	Used to search for facilities created on or before the end date in mm/dd/yyyy format

## Search – Step 2

View the results of your search on the Search Shell Egg Registrations – Search Results screen (Figure 7). All the registrations linked to your account which match your search criteria will be displayed.

**Figure 29: Search Shell Egg Registrations – Search Results**

Shell Egg Producer Registration Module

SEPRM Home > Search Shell Egg Registrations > Search Results

SEARCH SHELL EGG REGISTRATIONS - SEARCH RESULTS

Search Results- Active Registrations: 2 Cancelled Registrations: 1 Total Registrations: 3

The following registrations match your search criteria. You may click on the column label to sort the registration list.

Action	Reg Nbr	Facility Na...	Facility Address	City	State/Zip	Country/A...	Total # of ...	Create... ↓
					New Jersey - 07102	UNITED STATES	7140	2024-02-13 22:19:37
					New Jersey - 07102	UNITED STATES	6600	2024-02-09 10:54:44
					New Jersey - 07102	UNITED STATES	8520	2024-02-09 09:56:58

[1] to [3] of [3] < > Page [1] of [1] > >

Previous Modify Search New Search

If your search did not return the results that you expected, you can perform a new search by selecting “Modify,” “Search,” or “New Search”.

“Modify Search” retains the criteria you used before and allows you to add to or change it.

“New Search” clears all criteria entered so you can perform a new search.




Selecting either button returns you to the previous search screen – from which you can make changes and re-run your search.

If the facility you are searching for did not appear in your results, you can broaden your search by removing criteria. If your search returned too many results, you can narrow your search by including additional criteria.

You can select the column headings to sort the registration list in ascending or descending order.




To view a registration, select the “View Registration” (eye icon) located under the “Action” column for the corresponding registration (Figure 8). Once the registration is displayed, you can print a copy of it.

**Figure 30: Search Shell Egg Registrations - Search Results: View Registration**

Action	Reg Nbr	Facility Na...	Facility Address	City	State/Zip	Country/A...	Total # of ...	Create... ↓
  								
					New Jersey - 07102	UNITED STATES	7140	2024-02-13 22:19:37




To update a registration, select the “Update Registration” (pencil icon) located under the “Action” column for the corresponding registration (Figure 9).

**Figure 31: Search Shell Egg Registrations – Search Results: Update Registration**

Action	Reg Nbr	Facility Na...	Facility Address	City	State/Zip	Country/A...	Total # of ...	Create... ↓
  								
					New Jersey - 07102	UNITED STATES	7140	2024-02-13 22:19:37

To cancel a registration, select the “Cancel Registration” (X) icon located under the “Action” column for the corresponding registration (Figure 10).

**Figure 32: Search Shell Egg Registrations – Search Results: Cancel Registration**

Action	Reg Nbr	Facility Na...	Facility Address	City	State/Zip	Country/A...	Total # of ...	Create... ↓
  								
					New Jersey - 07102	UNITED STATES	7140	2024-02-13 22:19:37

**Note:** A cancelled registration will only display “View Registration” (eye icon).

## Search – Step 3

### Registration Review

Select the “View Registration” icon to review your registration for accuracy. To print a copy of the registration, select the “Print Registration” button. Select the “Back to Search Results” button to return to the Search Results page.