DEPARTMENT OF HEALTH AND HUMAN SERVICES	FOR FDA USE ONLY
Food and Drug Administration	APPROVAL DATE:
MEDICATED FEED MILL LICENSE APPLICATION	
MANUFACTURING SITE LEGAL BUSINESS NAME:	SIGNED BY:
	(For the Commissioner of Food and Drugs)
ADDRESS: (Street, City, State and Zip code)	
	LICENSE NUMBER ISSUED:
	FDA DRUG ESTABLISHMENT No. (enter DUNS No.):
PHONE NUMBER: EXT.:	
FAX NUMBER:	FACILITY ESTABLISHMENT IDENTIFIER (FEI) No.:
EMAIL ADDRESS:	
MAILING ADDRESS/PHONE NUMBERS (If different from above)	
	TYPE OF APPLICATION:
	Original
PHONE NUMBER: EXT.:	Supplemental: License No.
FAX NUMBER:	
EMAIL ADDRESS:	
As a Medicated Feed Mill Licensee, you have certified that:	
 Animal feeds bearing or containing new animal drugs are manufactured regulations published pursuant to section 512(i) of the Federal Food, Dr accordance with the index listing published under section 572(e)(2) of the 	ug, and Cosmetic Act (the Act), or in
 The methods used in, and the facilities and controls used for, manufacturation animal feeds are in conformity with current good manufacturing practice and 21 CFR 225. 	
 Your manufacturing facility will establish and maintain all records require 512(m)(5)(A) and 504(a)(3)(A) of the Act, and will permit access to, or c 	
As a Medicated Feed Mill Licensee, you have committed to:	
 Possessing current approved or index listed Type B and/or Type C Med Type C medicated feed to be manufactured prior to receiving the Type A 	
 Renewing drug establishment registration each year with the FDA as re 	quired by 21 CFR 207.
 Using only non-drug feed components recognized in the Official Publica Control Officials (AAFCO) or sanctioned by FDA under 21 CFR 573, 58. 	
 Supplementing your license application promptly when changes in owner 	ership or address occur.
 Complying with all other applicable provisions of the Act. 	
 For further information see <u>https://www.fda.gov/AnimalVeterinary/Produhtm</u> 	cts/AnimalFoodFeeds/MedicatedFeed/default.
EMAIL TO (via attachment): <u>MedicatedFeedsTeamMail@fda.hhs.gov</u> or MAIL TO: U Food Compliance, 12225 Wilkins Avenue, Rockville, MD 20852.	.S. Food and Drug Administration, CVM, Division of
I CERTIFY that all of the statements made in this application are true and co WARNING: A willfully false certification is a criminal offens	
	ITLE OF MOST RESPONSIBLE INDIVIDUAL (printed or pred):
SIGNATURE OF RESPONSIBLE INDIVIDUAL (application must be signed and dated):	DATE:

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 15 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services Food and Drug Administration Office of Operations Paperwork Reduction Act (PRA) Staff *PRAStaff@fda.hhs.gov*

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number."