DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration **PRIOR NOTICE SUBMISSION**	Form Approved: OMB No. 0910-p _____ (1) **Expiration Date:** _____
Paperwork Reduction Act Statement 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 Public reporting burden for this collection of information is estimated to average 0.5-I 0 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to the address to the right:	Food and Drug Administration Center for Food Safety and Applied Nutrition **Office to be Determined** 5 100 Paint Branch Parkway College Park, MD 20740-3835

❑ Initial (2.a)	❑ Held **(2.b)**	❑ Amendment Product Identity **(2.c)**	❑ Update Arrival Info **(2.d)**	❑ Cancel **(2.e)**

Mandatory Information **(3)**	Mandatory if applicable **(4)**

Submitter (a)

First Name **(a.1)**	
Last Name **(a.2)**	

Submitting Firm (b)

❑ U.S Purchaser **(b.1)**	❑ U.S. Importer **(b.3)**
❑ U.S Agent of Purchaser **(b.2)**	❑ U.S Agent of Importer **(b.4)**
❑ Carrier **(b.5)**	❑ In-bond Carrier **(b.6)**
Name of Firm **(b.7)**	
FDA Registration Number **(b.8)**	❑ N/A **(b.8.1)** # **(b.8.2)**
Street Address **(b.9)**	
City **(b.10)**	
State **(b.11)**	
Zip **(b.12)**	
Phone **(b.13)**	
FAX **(b.14)**	
E-mail address **(b.15)**	

Entry Type (c)

❑ Consumption **(c.1)**	❑ T & E **(c.2)**	❑ IE **(c.3)**	❑ Mail **(c.4)**	❑ Trade Fair **(c.5)**
❑ Warehouse **(c.6)**	❑ TIB **(c.7)**		❑ Baggage **(c.8)**	❑ Other **(c.9)**

Entry Type Customs Code (d)

Customs Entry Number/Customs Line Number/FDA Line Number (e)

Article held under FDA direction (f)	❑ No **(f.i)**	❑ Yes **(f.ii)**
Name of Location **(f.1.1)**		
Street Address **(f.1.2)**		
City **(f.1.3)**		
State **(f.1.4)**	Zip **(f.1.5)**	
Contact Name **(f.1.6)**	Phone **(f.1.7)**	

Date available at Location mm/dd/yy **(f.1.8)**							

Product Identity (g)

FDA Product Code **(g.1)**							

Common/usual/market name **(g.2)**			
Trade/brand name **(g.3)**			
Quantity **(g.4)**	Number **(g.5)**	Measure **(g.6)**	
Identifiers **(g.7)**	❑ Lot number **(g.7.1)**	❑ Production Code **(g.7.2)**	

g.7.3

1	
2	
3	
4	

Manufacturer (h)

Name of Firm **(h.1)**			
FDA Registration Number **(h.2)**	❑ N/A **(h.2.1)**	# **(h.2.2)**	
Street Address **(h.3)**			
City **(h.4)**			
State/Province **(h.5)**			
Country **(h.6)**			
Zip/Mail code **(h.7)**			
Phone **(h.8)**			
FAX **(h.9)**			
E-mail address **(h.10)**			

Grower (i)

Name of Firm **(i.1)**			
Street Address **(i.2)**			
City **(i.3)**			
State Province **(i.4)**			
Country **(i.5)**			
Zip/Mail code **(i.6)**			
Phone **(i.7)**			
FAX **(i.8)**			
E-mail address **(i.9)**			
Growing Location street **(i.10)**			
Growing Location City **(i.11)**			
Growing Location State/Province **(i.12)**			
Growing Location Country **(i.13)**			
Growing Location Zip/Mail code **(i.14)**			
ADDITIONAL GROWERS (J)	❑ No **(j.i)**	❑ Yes **(j.ii)**	How Many? **(j.iii)**

GROWER 2 (j.1)

Name of Firm **(j.1.1)**	

Street Address **(j.1.2)**	
City **(j.1.3)**	
State/Province **(j.1.4)**	
Country **(j.1.5)**	
Zip/Mail code **(j.1.6)**	
Phone **(j.1.7)**	
FAX **(j.1.8)**	
E-mail address **(j.1.9)**	
Growing Location street **(j.1.10)**	
Growing Location City **(j.1.11)**	
Growing Location State/Province **(j.1.12)**	
Growing Location Country **(j.1.13)**	
Growing Location Zip/Mail code **(j.1.14)**	
GROWER 3 **(j.2)**	
Name of Firm **(j.2.1)**	
Street Address **(j.2.2)**	
City **(j.2.3)**	
State/Province **(j.2.4)**	
Country **(j.2.5)**	
Zip/Mail code **(j.2.6)**	
Phone **(j.2.7)**	
FAX **(j.2.8)**	
E-mail address **(j.2.9)**	
Growing Location street **(j.2.10)**	
Growing Location City **(j.2.11)**	
Growing Location State/Province **(j.2.12)**	
Growing Location Country **(j.2.13)**	
Growing Location Zip/Mail code **(j.2.14)**	

Originating Country (k)	ISO code **(k.i)**		

Shipper **(k.1)**			
Name of Firm **(k.2)**			
FDA Registration Number **(k.3)**	❑ N/A **(k.3.1)**	# **(k.3.2)**	
Street Address **(k.4)**			
City **(k.5)**			
State/Province **(k.6)**			
Country **(k.7)**			
Zip/Mail code **(k.8)**			
Phone **(k.9)**			
FAX **(k.10)**			
E-mail address **(k.11)**			

Country from which the article was shipped (l)	ISO code **(l.1)**		

Anticipated Arrival Information (m)									
Name of Crossing **(m.1)**									
City of Crossing **(m.2)**									
State of Crossing **(m.3)**		Port of Entry Code **(m.3.1)**							
Anticipated Date of Crossing mm/dd/yy **(m.4)**									
Anticipated Time of Crossing **(m.5)**				❑ am **(m.5.1)**	❑ pm **(m.5.2)**				
Port of Entry for Customs Purposes (port code) **(m.6)**									
Date of Entry for Customs Purposes mm/dd/yy **(m.7)**									
Importer (n)									
Name of Firm **(n.1)**									
FDA Registration Number **(n.2)**	❑ N/A **(n.2.1)**	# **(n.2.2)**							
Street Address **(n.3)**									
City **(n.4)**									
State **(n.5)**									
Zip **(n.6)**									
Phone **(n.7)**									
FAX **(n.8)**									
E-mail address **(n.9)**									
Owner (o)									
Name of Firm **(o.1)**									
FDA Registration Number **(o.2)**	❑ N/A **(o.2.1)**	# **(o.2.1)**							
Street Address (o.3)									
City **(o.4)**									
State **(o.5)**									
Zip **(o.6)**									
Phone **(o.7)**									
FAX **(o.8)**									
E-mail address **(o.9)**									
Consignee (p)									
Name of Firm **(p.1)**									
FDA Registration Number **(p.2)**	❑ N/A **(p.2.1)**	# **(p.2.2)**							
Street Address **(p.3)**									
City **(p.4)**									
State **(p.5)**									
Zip **(p.6)**									
Phone **(p.7)**									
FAX **(p.8)**									
E-mail address **(p.9)**									
Carrier 1 (q)									
Standard Carrier Abbreviation Code **(q.1)**									

Name or Firm **(q.2)**					
Street Address **(q.3)**					
City **(q.4)**					
State/Province **(q.5)**					
Zip/Mail code **(q.6)**					
Country **(q.7)**					
Phone **(q.8)**					
FAX **(q.9)**					
E-mail address **(q.10)**					
Additional Carriers (r)	❑ No **(r.i)**	❑ Yes **(r.ii)**	How Many? **(r.iii)**		
Carrier 2 (r.1)					
Standard Carrier Abbreviation Code **(r.1.1)**					
Name or Firm **(r.1.2)**					
Street Address **(r.1.3)**					
City **(r.1.4)**					
State/Province **(r.1.5)**					
Zip/Mail code (r.1.6)					
Country **(r.1.7)**					
Phone **(r.1.8)**					
FAX **(r.1.9)**					
E-mail address **(r.1.10)**					
Carrier 3 **(r.2)**					
Standard Carrier Abbreviation Code **(r.2.1)**					
Name or Firm **(r.2.2)**					
Street Address **(r.2.3)**					
City **(r.2.4)**					
State/Province **(r.2.5)**					
Zip/Mail code **(r.2.6)**					
Country **(r.2.7)**					
Phone **(r.2.8)**					
FAX **(r.2.9)**					
E-mail address **(r.2.10)**					
Amendment to follow (s)	❑ Yes **(s.1)**	❑ No **(s.2)**			
Cancel this submission (t)	❑ Yes **(t.1)**	❑ No **(t.2)**			
This form must be submitted by the U.S Importer or U.S Purchaser, or U.S Agent of the importer or purchaser, of the article of food being imported or offered for import. 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.					