

# First Time FDA REGISTRATION:

Initial registration is a 2-step process:

- First **set up an account** (save your account ID and password for future renewals)
- Second **submit a registration** (keep account number and PIN for your records)

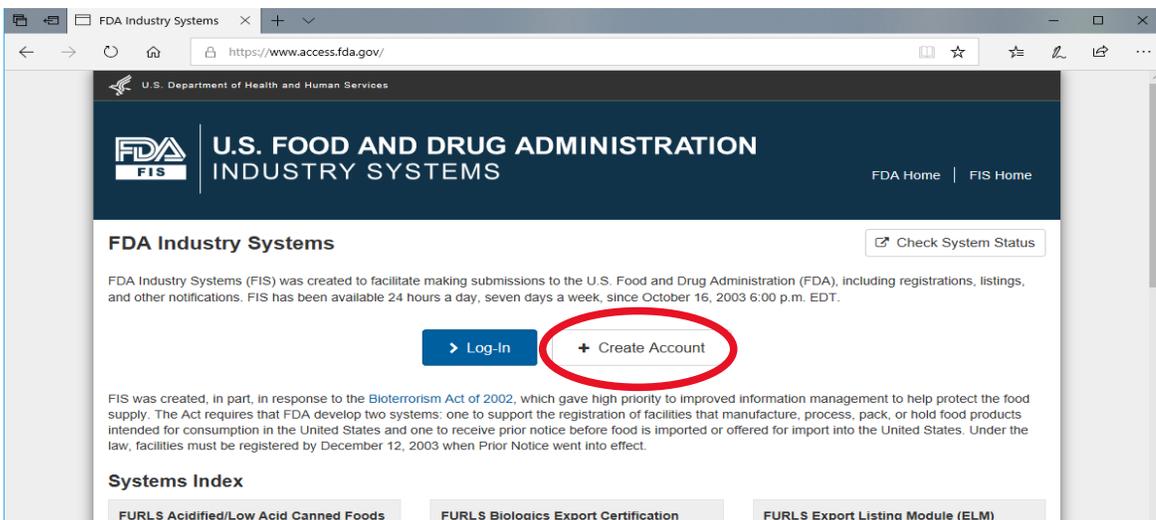
## Step 1: Create an Account:

FDA provides instructions here:

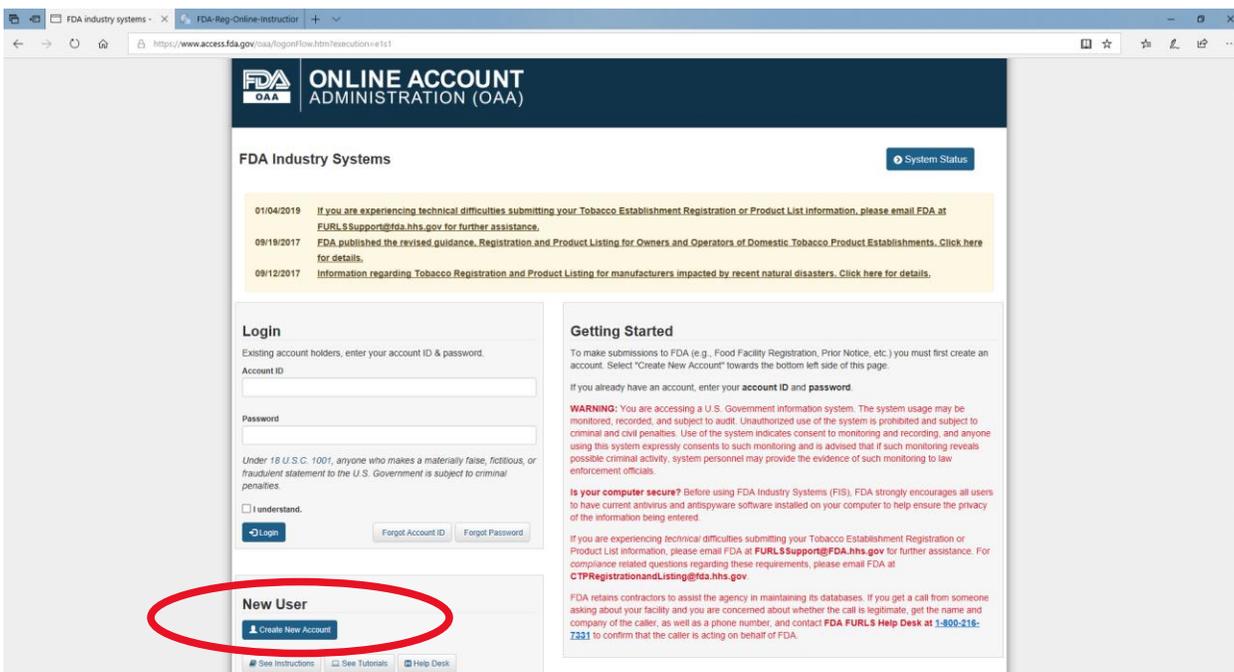
<https://www.fda.gov/Food/GuidanceRegulation/FoodFacilityRegistration/ucm088900.htm>

Or follow these:

1. Access FDA Registration website at <https://www.access.fda.gov/oaa>
2. Select Create Account



3. On the next page scroll down to New User and choose **Create New Account**



4. Under Section 1; Registration and Listing Programs, choose **Food Facility Registration**.

https://www.access.fda.gov/oa/createNewAccountflow.htm?execution=e2s1

You must create a separate account to create your Medical Device Registration and Listing, Tobacco Registration and Product Listing or Food Facility.

**Step 1: Select Application(s) for Account Creation**

**Do you conduct work for a State Agency under Contract with the FDA?**  
If you are creating an account on behalf of a manufacturer, please select "No."

Yes  No

**Registration and Listing Programs**

Food

Acidified/Low-Acid Canned Foods Registration and Process Filing

**Food Facility Registration**

Qualified Facility Attestation

Structure/Function Claims Notification

Export Listing Module

New Dietary Ingredient Notification

Shell Egg Producer Registration

Medical Devices

Device Registration and Listing Module

Tobacco Products

Tobacco Registration and Listing System

Scroll to the bottom of the page and click **CONTINUE**

Other FDA Systems

Prior Notice System Interface

Import Trade Auxiliary Communication System (ITACS)

5. Fill in the required items (it is recommended to write down the security questions and answers as well as password)
  - When you select **continue**, it will either take you to the next page or bring you back to the top of this page and give items that were entered incorrectly or missed. Fix these items and then hit **continue** again. (Phone number format is the most commonly made error)
6. Double check that everything looks accurate and then select **SUBMIT** at the bottom of the page.
7. Write down your Account ID and Password (preferable on the same page as your security questions)

You have successfully created an account.  
Your account ID is com16906

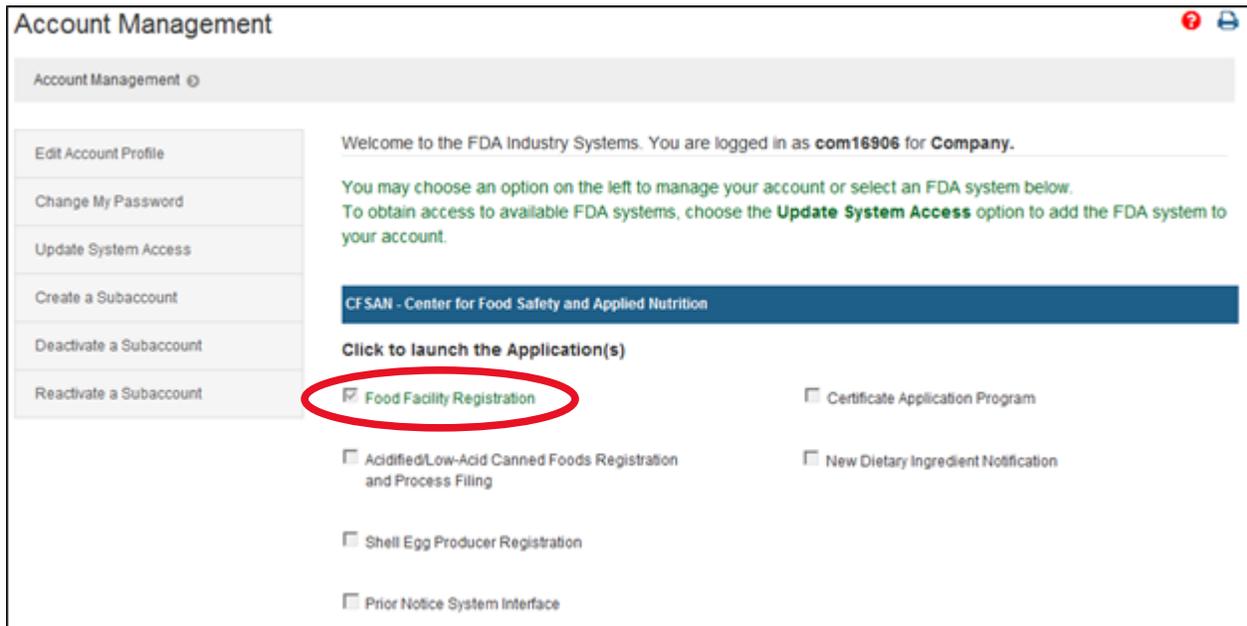
**YOU WILL NEED TO REMEMBER YOUR ACCOUNT ID AND PASSWORD TO LOGIN TO THE SYSTEM IN THE FUTURE.**

**You have completed Step 1: Create an Account**

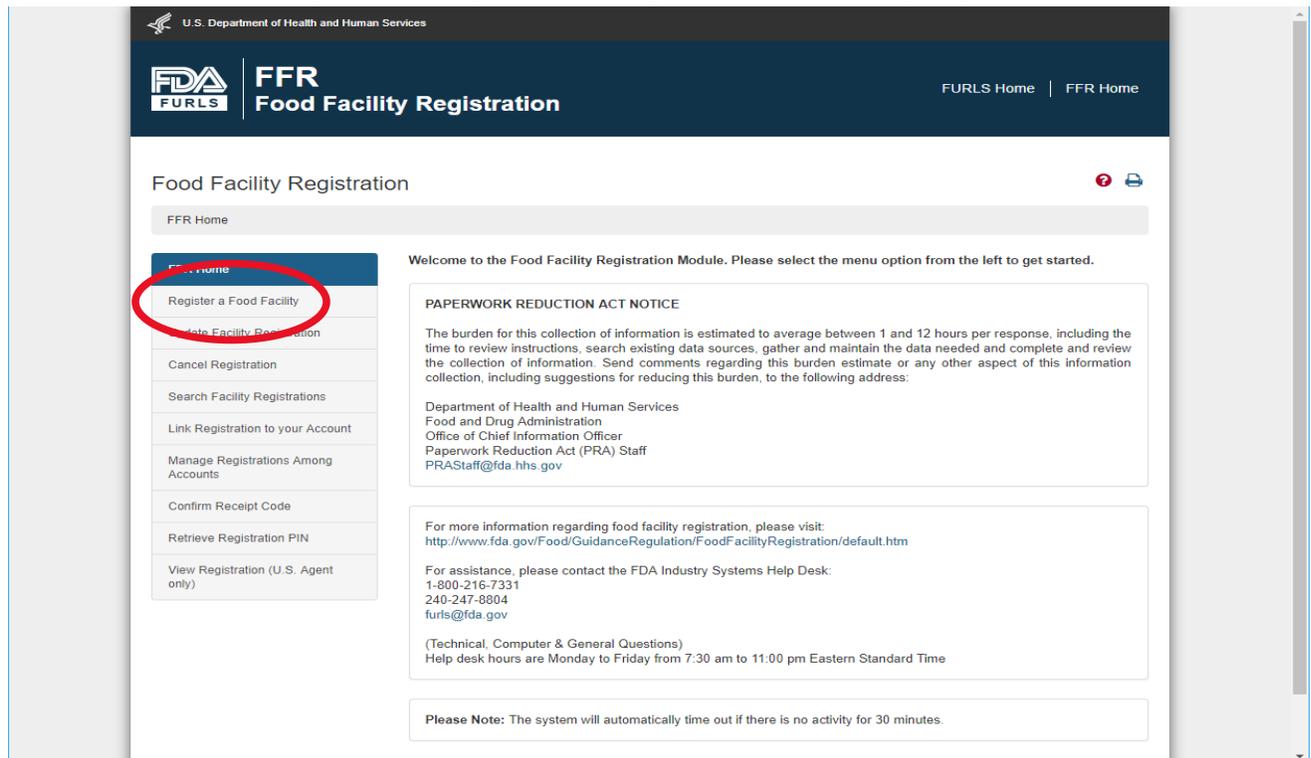
8. Log-in to your account. This can be done by choosing the **log-in** button after creating an account.

## Step 2: Register your Food Facility

9. On the Account Management page, choose **Food Facility Registration**



10. On the Food Facility Registration page, choose **Register a Food Facility Registration**



11. Facility is domestic and for most the answer will be "no" on previously owning a facility, unless you have registered before. Then select **continue**.

12. On this page you can select **'Autofill from Account Information'**. You will need to enter "Food Facility Suffix" (you can use **"other"** if none apply and then in the blank spot put independent). Select **continue**

Section 2: Facility Name/Address Information

Clear Autofill from Account Information

Facility Name

Facility Name Suffix

Telephone Number

Fax Number (Optional)

Country Area Telephone Ext

Country Area Phone Number Extension

Country Area Fax

13. The system will validate and accept (most likely make a minor update to your address). You will need to **accept** and select **continue**.

Address Validation

**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

Edit Address Accept Provided Address Accept Validated Address

14. On the next page, select **Autofill** and then select **continue**
15. Complete next section as best for your situation. Select **continue**.
16. On the next page, select **autofill** and then select **continue**.
17. Select **continue**

18. On the section for Seasonal Facility dates of Operation, choose **Harvest Time Frame** (normally Feb 1<sup>st</sup>- May 1<sup>st</sup>)

**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

19. In section 9 select **“Food for Human Consumption”**.

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

Food for Human Consumption

Food for Animal Consumption

20. On the General Product Categories section, scroll down to **#37** / none apply. In the box write **Pure Maple Syrup** and select **continue**.
21. In the next section, enter the name of owner, and select the section for the address that matches the owner’s name. Then select **continue**.
22. Section 11 asks for permission to inspect facility. It is recommended to allow
23. Check the box in section 12 and enter the name of submitter and if you are the owner/operator, etc. Select **continue**.

**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**

24. Review all items to see that they are correct
25. Select **SUBMIT**

26. You should now see **REGISTRATION SUCCESSFUL** with a registration number and a pin. Print this page for your records. The registration number is the one we need for our file.

## 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.

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[View Complete Registration](#)

**TWO things to keep!**

- Save your Account ID and Password so that you can log-in to renew in two years.
- Save your Account Number and PIN to provide as proof of registration.

Further instructions from the FDA

<https://www.fda.gov/Food/GuidanceRegulation/FoodFacilityRegistration/ucm073706.htm>