

First Time FDA REGISTRATION:

Initial registration is a 2-step process:

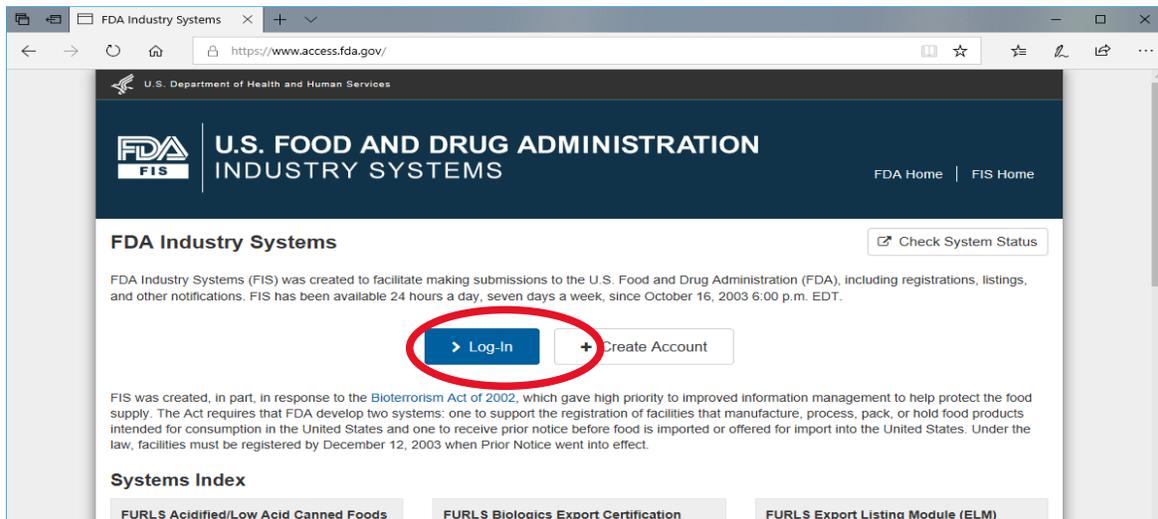
- First **set up an account** (save your account ID and password for future renewals)
- Second **submit a registration** (keep account number and PIN for your records)

Step 1: Create an Account:

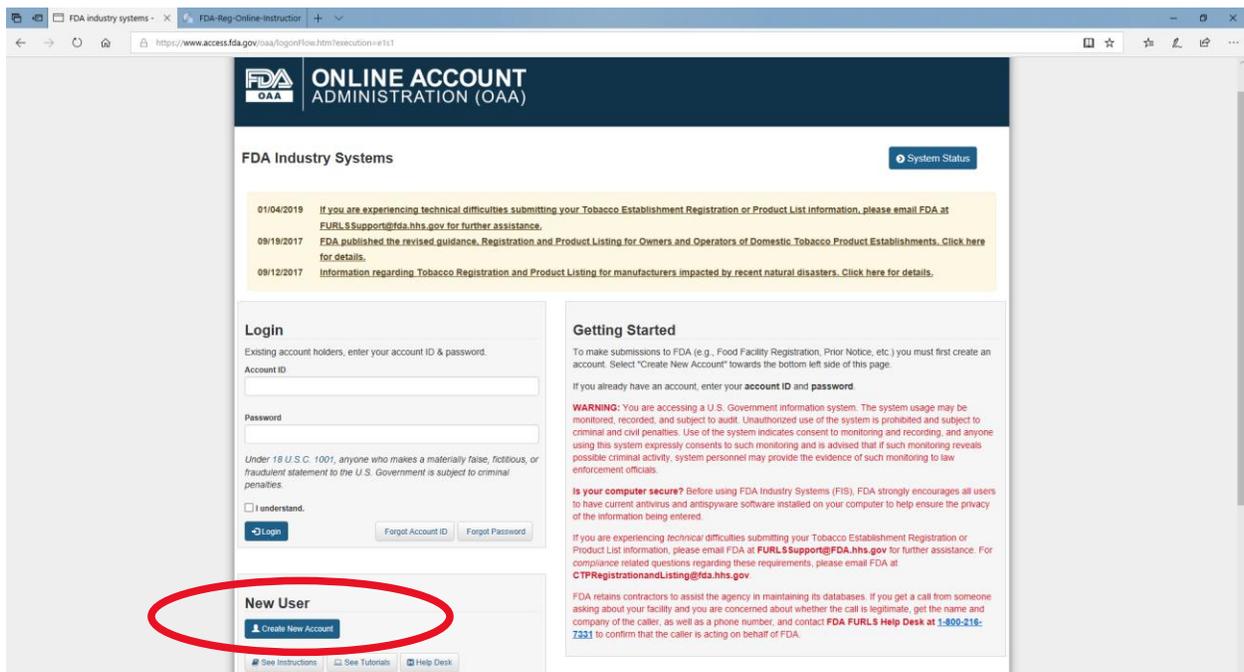
FDA provides guides and tutorials here: <https://www.fda.gov/food/guidance-regulation-food-and-dietary-supplements/registration-food-facilities-and-other-submissions>

Or follow these:

1. Access FDA Registration at <https://www.fda.gov/food/guidance-regulation-food-and-dietary-supplements/registration-food-facilities-and-other-submissions>
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

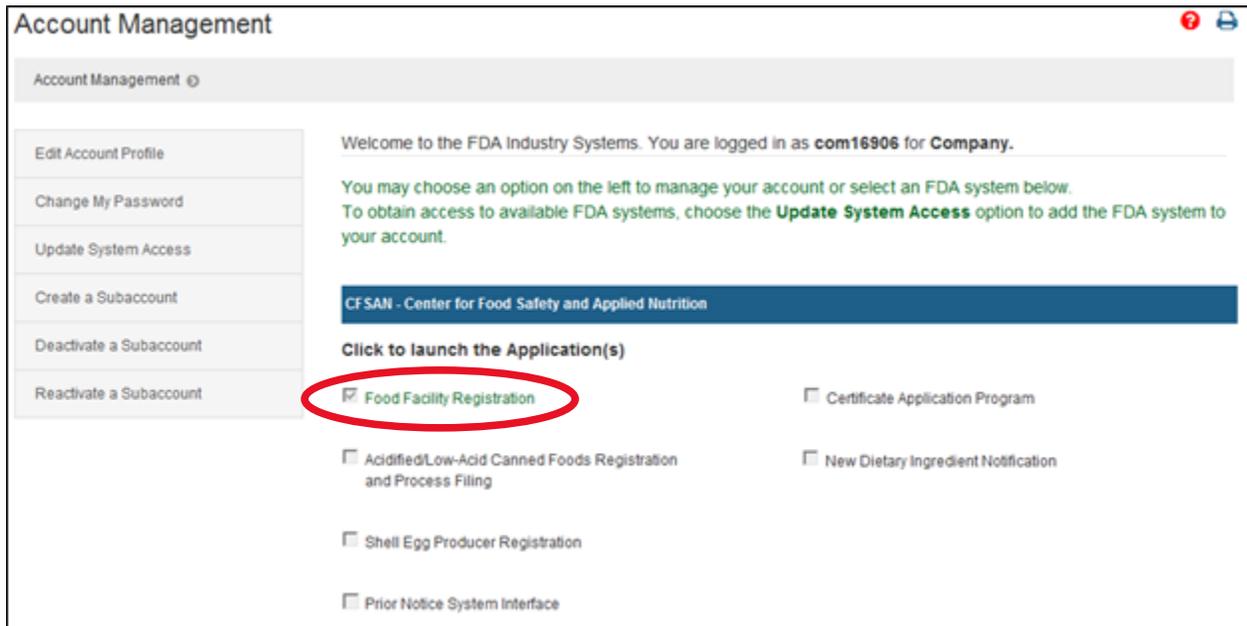
YOU WILL NEED TO REMEMBER YOUR ACCOUNT ID AND PASSWORD TO LOGIN TO THE SYSTEM IN THE FUTURE.

You have completed Step 1: Create an Account

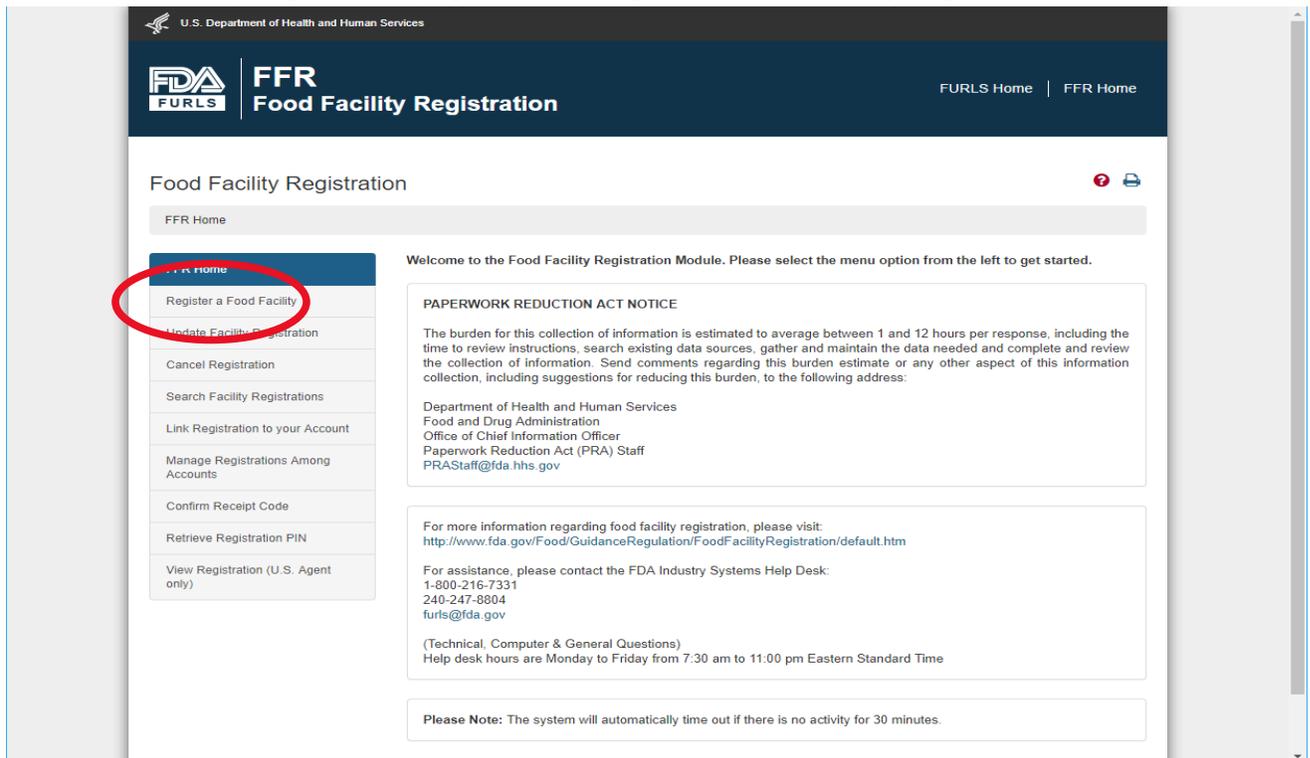
8. Log-in to your account. This can be done by choosing the **log-in** button after creating an account.

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**.

Unique Facility Identifier---This is a unique number that is used to identify your facility. Most commonly this is a DUNS number (9 digits). If you know your number, type it in the box. If you think you have one, but don't know it, click the blue "click here" words to get to the Duns number lookup tool <https://www.dnb.com/duns-number/lookup.html>. If you know you do not have a DUNS number, click UFI Temporarily Unavailable. You will be able to complete the Food Facility registration and will have 90 days to get a DUNS number and return to the FDA registration site to update your registration.

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

City

State/Province/Territory

Telephone Number

Fax Number (Optional)

E-Mail Address

Confirm E-Mail Address

Unique Facility Identifier (UFI)

To obtain your DUNS number, [click here](#) to access the D&B website.

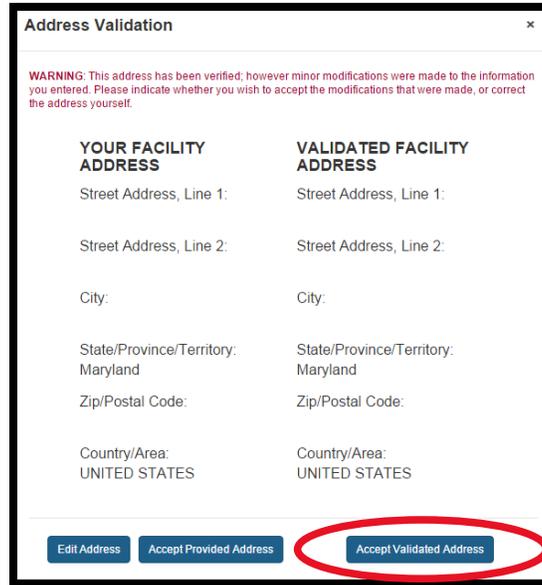
UFI Temporarily Unavailable

If you are unable to provide a DUNS number at this time, please check this box and the Unique Facility Identifier (UFI) field will be set to "PENDING". You will have 90 calendar days to update this registration with a DUNS number. Failure to update with a valid DUNS number within 90 calendar days of submission will result in cancellation of the registration.

***Be Aware:** Dun and Bradstreet is not connected to the FDA Food Facility Registration. The FDA does not know or automatically fill in your DUNS number once you get it. You must return to this registration yourself to update the DUNS number.

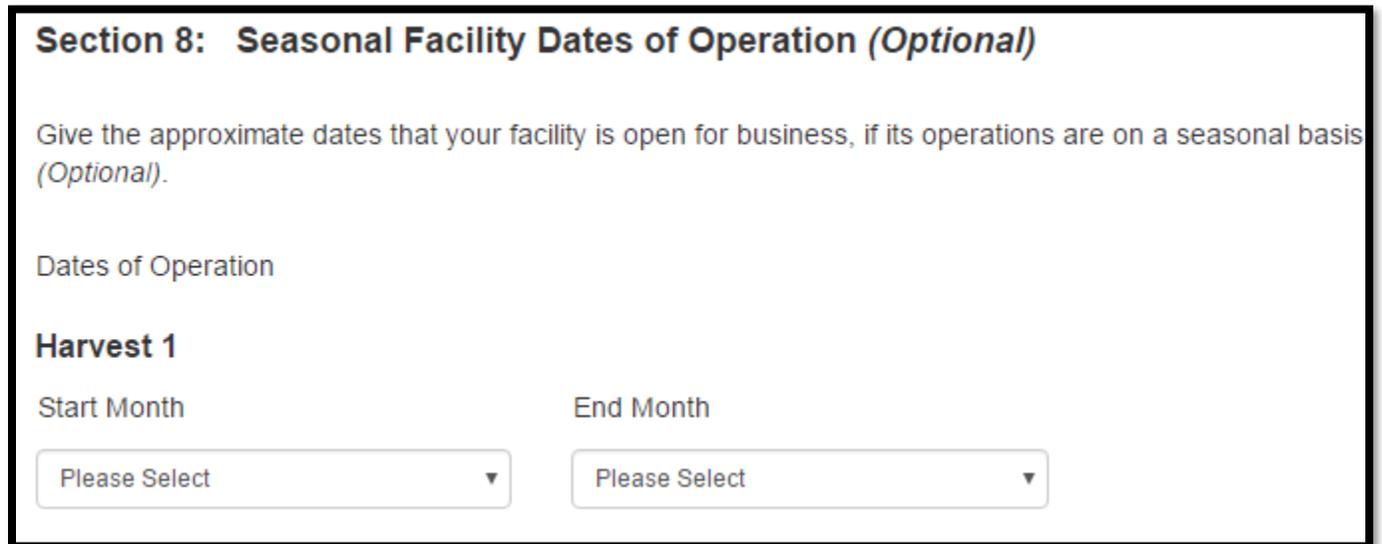
Information about DUNS number can be found here: <https://www.fda.gov/media/160348/download>

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



The image shows a dialog box titled "Address Validation" with a close button (X) in the top right corner. A red warning message at the top states: "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." Below the warning, there are two columns: "YOUR FACILITY ADDRESS" and "VALIDATED FACILITY ADDRESS". Each column contains fields for "Street Address, Line 1:", "Street Address, Line 2:", "City:", "State/Province/Territory:" (with "Maryland" entered), "Zip/Postal Code:", and "Country/Area:" (with "UNITED STATES" entered). At the bottom of the dialog, there are three buttons: "Edit Address", "Accept Provided Address", and "Accept Validated Address". The "Accept Validated Address" button is circled in red.

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 1st- May 1st)



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).

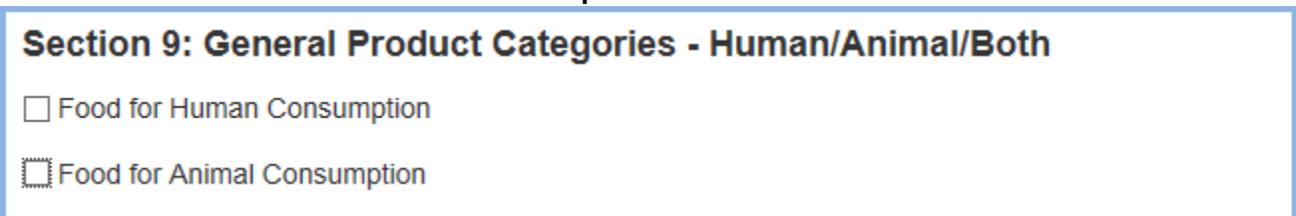
Dates of Operation

Harvest 1

Start Month End Month

Please Select Please Select

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.

[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 Registration Number and PIN to provide as proof of registration.

Further instructions from the FDA

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