



FDA PRIOR NOTICE INFORMATION

PART 1 – SUBMITTER INFORMATION

Date/time sent: _____

Firm name: _____ Individual's name: _____

Business address: _____

FDA Registration Number (*optional—see end of page 2*): _____

Phone: _____ Fax: _____ E-mail: _____

PART 2 – INFORMATION ABOUT THE PARTIES TO THE TRANSACTION

Shipper: Shipper's Name: _____

Shipper's Address: _____

FDA Registration No. (REQUIRED if shipper is required to register): _____

Importer: Importer's Name: _____

Importer's Address: _____

FDA Registration No. (*optional—see end of page 2*): _____

Owner: Owner's Name: _____

Owner's Address: _____

FDA Registration No. (*optional—see end of page 2*): _____

Ultimate Consignee: Name: _____

Ultimate Consignee's Address: _____

FDA Registration No. (*optional—see end of page 2*): _____

PART 3 – ANTICIPATED ARRIVAL INFORMATION

Anticipated U.S. port of arrival: _____

If port has more than one border crossing, include the specific crossing.

Anticipated date and time of arrival at U.S. port: _____

Carrier identification – provide one of the following:

Carrier's SCAC (Standard Carrier Abbreviation Code): _____

OR

Carrier's IATA (International Air Transportation Assn.) code: _____

OR

Carrier's name and country (if above codes do not apply): _____

Mode of transportation (Road, Rail, Sea, Air): _____

PART 4 – PLANNED SHIPMENT INFORMATION

Bill of Lading Number(s) or Airway Bill of Lading Number(s): _____

Container Number (for containerized cargo only): _____

For food arriving by: Provide the following:

Truck or bus: Trip Number: _____

Rail: Car Number: _____ Trip Number: _____

Ocean vessel: Vessel Name & Voyage No.: _____

Air carrier: Flight No.: _____

Private Vehicle: License Plate No. and State/Province: _____

PART 5 – INFORMATION ABOUT THE FOOD ARTICLE -- (FOOD ITEM #1)

If multiple food articles require prior notice, complete this section for each article. Use the attached continuation sheet if necessary.

Complete FDA product code: _____

Name of Article (common/usual/market name): _____

FDA country of production: _____

Harmonized Tariff Schedule (HTS) Code (first 6 digits): _____

Manufacturer information (required if the food is no longer in its natural state):

Name: _____

Address: _____

FDA Registration No. (REQUIRED): _____

Grower information (required if the food is in its natural state):

Name: _____

Growing location address: _____

Estimated quantity of food that will be shipped, described from the largest container to the smallest package size: _____

The lot or code numbers or other identifier of the food _____

(Applies primarily to low acid canned foods, acidified foods and infant formula.)

*** FDA REGISTRATION NUMBERS:** If an FDA registration number is provided for any party listed on this document (submitter, shipper, importer, owner, ultimate consignee, manufacturer, or grower), that party's city and country may be listed instead of the full address.