

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.

<p>TYPE OF SUBMISSION</p> <p><input type="checkbox"/> Initial Registration</p> <p><input type="checkbox"/> Relocation <i>(new registration required)</i></p> <p><input type="checkbox"/> Change of Registration Information</p> <p>Specify Type of Change _____</p>	<p>DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration</p> <p>FOOD CANNING ESTABLISHMENT REGISTRATION</p> <p>Enter Current FCE: <i>(If applicable)</i> _____</p>	<p>FOR FDA USE ONLY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">FCE No.</td> <td style="width:50%;">Date Received by FDA</td> </tr> <tr> <td>OOB Code</td> <td>Date</td> </tr> <tr> <td colspan="2">District</td> </tr> <tr> <td colspan="2">Reference</td> </tr> </table>	FCE No.	Date Received by FDA	OOB Code	Date	District		Reference	
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District										
Reference										

<p>FOOD PROCESSING PLANT LOCATION</p> <p>Establishment Name _____</p> <p>Number and Street _____</p> <p>City and State or Province _____</p> <p>(or other Subdivision) _____</p> <p>Zip (or other Postal Code) _____ Country (if other than U.S.) _____</p> <p>Telephone No. _____ Telefax No. _____</p>	<p>PREFERRED MAILING ADDRESS <input type="checkbox"/> Same as Plant Location</p> <p>Establishment Name _____</p> <p>Number and Street _____</p> <p>City and State or Province _____</p> <p>(or other Subdivision) _____</p> <p>Zip (or other Postal Code) _____ Country (if other than U.S.) _____</p> <p>Telephone No. _____ Telefax No. _____</p>
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<p>LOW ACID AND/OR ACIDIFIED FOODS PROCESSED AT THIS LOCATION</p> <p>Food Product name, form or Style, and packing Medium _____</p> <p><small>(Do not list meat and poultry foods under the jurisdiction of the Food Safety and Inspection Service of the U.S. Department of Agriculture)</small></p> <p style="text-align: center;"><i>(Check One)</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">Low-Acid</th> <th style="width:10%;">Acidified</th> </tr> </thead> <tbody> <tr><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>		Low-Acid	Acidified	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<p>PLEASE NOTE THE FOLLOWING:</p> <ul style="list-style-type: none"> ● The form 2541 is only accepted through the postal system. Please do not e-mail or fax this form. ● After successfully registering the Food Canning Establishment with this form and the address validation is completed you will be mailed instructions on how to file your processes using our online system. ● Forms, Instructions, regulations, and information can also be secured online at http://www.cfsan.fda.gov/~comm/lacf-toc ● For more information contact the LACF Registration Coordinator at (301) 436-2047 or by e-mail at lacf@fda.hhs.gov <p>See "Instructions for Establishment Registration and Process Filing for Acidified and Low-Acid Canned Foods" for guidance in completing this form. Forward completed form to:</p> <p style="text-align: center;">Food and Drug Administration LACF Registration Coordinator (HFS-303) Center for Food Safety & Applied Nutrition 5100 Paint Branch Parkway College Park, Maryland 20740-3835</p>
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FACILITY CONTACT PERSON (must be located at a plant location)

Name, Business Address and Position Held at Plant Location: _____

Phone Number: _____ Email Address: _____ Signature: _____ Date: _____