

Public reporting burden for this collection of information is estimated to average .17 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Food and Drug Administration, LACF Registration Coordinator (HFS-618), Center for Food Safety and Applied Nutrition, 5100 Paint Branch Parkway, College Park, Maryland 20740-3835.

FORM APPROVED: OMB No. 0910-0037
EXPIRATION DATE: 6-30-2008

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><i>Specify Type of Change</i> _____</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 style="text-align: center;">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>District</td> </tr> <tr> <td colspan="2">Reference</td> </tr> </table>	FCE No.	Date Received by FDA	OOB Code	District	Reference	
FCE No.	Date Received by FDA							
OOB Code	District							
Reference								

<p>FOOD PROCESSING PLANT LOCATION</p> <p>Establishment Name _____</p> <p>Number and Street _____</p> <p>City and State or Province (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 (or other Subdivision) _____</p> <p>Zip (or other Postal Code) _____ Country (if other than U.S.) _____</p> <p>Telephone No. (____) _____ Telefax No. (____) _____</p>
--	---

<p style="text-align: center;">LOW ACID AND/OR ACIDIFIED FOODS PROCESSED AT THIS LOCATION</p> <p style="text-align: center;">Food Product name, form or Style, and packing Medium <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> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2" style="text-align: center;">(Check One)</th> </tr> <tr> <th style="text-align: center;">Low-Acid</th> <th style="text-align: center;">Acidified</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		(Check One)		Low-Acid	Acidified																															<p>PLEASE SEND THE FOLLOWING:</p> <p>Forms, instructions, regulations, information, and the "Importer's Guide to LACF" can also be secured online at http://www.cfsan.fda.gov/~comm/lacf-toc.</p> <p>Forms can be submitted online. For more information contact the LACF Team at (301) 436-2411 or by e-mail at lacf@fda.hhs.gov or logon to https://info1.cfsan.fda.gov/lacf/client/help/FAQRegistration.htm.</p> <p>Number of Copies</p> <p>_____ Process filing forms used for low-acid aseptic processes (FORM FDA-2541c).</p> <p>_____ Process filing forms used for all processing methods except low-acid aseptic (FORM FDA-2541a).</p> <p>NOTE: A separate form is required for each product-process combination.</p> <p>_____ Registration and Process Filing Instructions</p> <p>_____ LACF & Acidified Regulations (21 CFR 108, 113, 114)</p> <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-618) Center for Food Safety & Applied Nutrition 5100 Paint Branch Parkway College Park, Maryland 20740-3835</p>
		(Check One)																																		
	Low-Acid	Acidified																																		

FACILITY CONTACT PERSON

Name, Address and Title of Representative at Plant Location: _____

Phone Number: (____) _____ Email Address: _____ Signature: _____ Date: _____

NOTE: No commercial processor shall engage in the processing of low-acid or acidified foods unless completed Forms FDA 2541 and FDA 2541a or FDA 2541c have been filed with the Food and Drug Administration, 21 CFR 108.25(c)(1) and (2) and 108.35(c)(1) and (2).