

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>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 (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>
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LOW ACID AND/OR ACIDIFIED FOODS PROCESSED AT THIS LOCATION

Food Product name, form or Style, and packing Medium
(Do not list meat and poultry foods under the jurisdiction of the Food Safety and Inspection Service of the U.S. Department of Agriculture)

	(Check One)	
	Low-Acid	Acidified

PLEASE SEND THE FOLLOWING:

Number of Copies _____

_____ Process filing forms used for low-acid aseptic processes (FORM FDA-2541c).

_____ Process filing forms used for all processing methods except low-acid aseptic (FORM FDA-2541a).
NOTE: A separate form is required for each product-process combination.

_____ Registration and Process Filing Instructions

_____ LACF & Acidified Regulations (21 CFR 108, 113, 114)

See "Instructions for Establishment Registration and Process Filing for Acidified and Low-Acid Canned Foods" for guidance in completing this form. Forward *all* copies of completed form to:

**Food and Drug Administration
LACF Registration Coordinator (HFS-618)
Center for Food Safety & Applied Nutrition
5100 Paint Branch Parkway
College Park, Maryland 20797-4006**

AUTHORIZED COMPANY REPRESENTATIVE

Name, Address and Title of Authorized Representative: _____

Phone Number: (____) _____ at Plant Location Mailing 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).