

US FDA REGISTRATION (ONLY FOR PRODUCERS **OUTSIDE OF THE US)**

**EMAIL COMPLETED FORM TO: RON@RAISEAGLASSFOUNDATION.COM
OR FAX TO: 001-585-484-1184**

If you have already registered with the US FDA please enter the following information:

FDA Registration (FURLS) Number _____
FDA Systems Login Username _____
FDA Systems Login Password _____

We will create your shipping Prior Notice for you. Thank you.

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If you have **NOT registered with the US FDA** please complete the following information:

I authorize Peter Parts Electronics to act as my US Designated Agent and register my facility with the US Food and Drug Administration as a Food Facility in order to participate in Great American International Competitions.

Print Name Signature Date

FACILITY INFORMATION (Winery, Distillery, Brewery, Cidery, Meadery)

Facility Name _____

Name of Contact Person *at your facility*: _____

Title of Contact Person: _____

Facility Street Address _____

City: _____

State/Province/Territory: _____

Zip Code (Postal Code): _____

Country: _____

Phone Number (include country code, area code): _____

Fax Number (include country code, area code): _____

Email Address: _____

We will register your facility and email the Registration Information to you. Thank you.