

North Carolina Food & Drug Protection Division Animal Feed Program

New Manufacturing/Distribution Facility Registration Form

Please complete and submit this form to ncfeed.registration@ncagr.gov if manufacturing, distributing, processing, packing, and/or holding commercial animal feed products in a facility located in the state of North Carolina.

Firm Details:

Please fill out the following information, as applicable.

| | |
|---------------------------------|--|
| Legal Company Name: | |
| Email Address: | |
| Website: | |
| Phone #: | |
| Fax #: | |
| Address: | |
| City, State, Zip Code: | |
| Mailing Address (if different): | |
| City, State, Zip Code: | |

The address listed above is a personal residence.

Contact Information:

Primary Contact

| | |
|------------------------|--|
| Company Name: | |
| First & Last Name: | |
| Title: | |
| Address: | |
| City, State, Zip Code: | |
| Phone #: | |
| Fax #: | |
| Email: | |
| Website: | |

Secondary / Corporate Contact

| | |
|------------------------|--|
| Company Name: | |
| First & Last Name: | |
| Title: | |
| Address: | |
| City, State, Zip Code: | |
| Phone #: | |
| Fax #: | |
| Email: | |
| Website: | |

Product Details:

Please provide a brief description of product types.

Manufacturing/Processing Details:

Please provide a brief description of manufacturing & processing details (e.g., mixing, baking, freezing, etc.).