North Carolina Food & Drug Protection Division Animal Feed Program

New Manufacturing/Distribution Facility Registration Form

Please complete and submit this form to 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 Campany Name	
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 Contact Information: Primary Contact	s a personal residence.
Contact Information: Primary Contact	s a personal residence.
Contact Information:	s a personal residence.
Contact Information: Primary Contact Company Name:	s a personal residence.
Contact Information: Primary Contact Company Name: First & Last Name:	s a personal residence.
Contact Information: Primary Contact Company Name: First & Last Name: Title: Address: City, State, Zip Code:	s a personal residence.
Contact Information: Primary Contact Company Name: First & Last Name: Title: Address:	s a personal residence.
Contact Information: Primary Contact Company Name: First & Last Name: Title: Address: City, State, Zip Code:	s a personal residence.
Contact Information: Primary Contact Company Name: First & Last Name: Title: Address: City, State, Zip Code: Phone #:	s a personal residence.

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.).