

## FSMA Assessment Application

**Organization:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Application Number:** \_\_\_\_\_

**Organization Details:** \_\_\_\_\_ **Billing Information** \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

Billing Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_

FDA Registration Number  
 (if applicable): \_\_\_\_\_

**Type of Assessment Requested**  
 Produce Safety Rule  
 Preventive Controls for Human Foods  
 Foreign Supplier Verification Program (FSVP)

**Contacts**  
 Select contact person(s) to receive communications: (include name, email address, and phone number)

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

**Operations**

Ranch/Farm Operations					
Farm Name	Farm Address or Cross Street		Product	Acres	Seasonality

Greenhouse/Indoor Ag Operations					
Operation Name	Operation Address		Product	Size of	Seasonality

Harvest Crew Operations					
Harvest Crew Company	Harvest Crew Address	Harvest Crew Number/Name	Location of Audit	Product	Seasonality

Facility Operations				
Facility Type:	Storage and Distribution	Cooler/Cold Storage	Packinghouse	Processor
Operation Name				
Address				
City				
Contact Person				
Size of Facility				
Number of Production Lines				
Facility Production Hours				
Number of Employees				
Products to be Include in Assessment				
Description of Production/Processing Activities				

FSVP	
Importer Name	
Address	
City	
Contact Person	
Number of Hazard Analyses	
Number of Foreign Suppliers	
Products Being Imported Included in Assessment	

