

Importante:

il file qui di seguito pubblicato deve essere considerato **solo a puro titolo esemplificativo**, come indicazione delle informazioni richieste dal Food & Drugs Administration (FDA) nella Notifica di Preavviso ("PriorNotice").

Il modulo "Prior Notice" ufficiale e costantemente aggiornato che vi preghiamo di utilizzare, è scaricabile dal sito di FDA USA: **www.fda.gov**.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration PRIOR NOTICE SUBMISSION		Form Approved: OMB No. 0910-____ Expiration Date: _____	
Paperwork Reduction Act Statement 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. Public reporting burden for this collection of information is estimated to average 0.5-1.0 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to the address to the right:		Food and Drug Administration Center for Food Safety and Applied Nutrition <i>Office to be Determined</i> 5100 Paint Branch Parkway College Park, MD 20740-3835	
<input type="checkbox"/> Initial	<input type="checkbox"/> Held	<input type="checkbox"/> Amendment Product Identity	<input type="checkbox"/> Update Arrival Info
<input type="checkbox"/> Cancel			
Mandatory Information		Mandatory if applicable	
Submitter			
First Name			
Last Name			
Submitting Firm			
<input type="checkbox"/> U.S. Purchaser		<input type="checkbox"/> U.S. Importer	
<input type="checkbox"/> U.S. Agent of Purchaser		<input type="checkbox"/> U.S. Agent of Importer	
<input type="checkbox"/> Carrier		<input type="checkbox"/> In-bond Carrier	
Name of Firm			
FDA Registration Number		<input type="checkbox"/> N/A	#
Street Address			
City			
State			
Zip			
Phone			
FAX			
E-mail address			
Entry Type			
<input type="checkbox"/> Consumption	<input type="checkbox"/> T & E	<input type="checkbox"/> IE	<input type="checkbox"/> Mail
<input type="checkbox"/> Warehouse	<input type="checkbox"/> TIB	<input type="checkbox"/> Baggage	<input type="checkbox"/> Trade Fair
Entry Type Customs Code			
Customs Entry Number/Customs Line Number/FDA Line Number			
Article held under FDA direction		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name of Location			
Street Address			
City			
State		Zip	
Contact Name		Phone	

Date available at Location mm/dd/yy																								
<u>Product Identity</u>																								
FDA Product Code																								
Common/usual/market name																								
Trade/brand name																								
Quantity					Number					Measure														
Identifiers					<input type="checkbox"/> Lot number					<input type="checkbox"/> Production Code														
1																								
2																								
3																								
4																								
<u>Manufacturer</u>																								
Name of Firm																								
FDA Registration Number										<input type="checkbox"/> N/A					#									
Street Address																								
City																								
State/Province																								
Country																								
Zip/Mail code																								
Phone																								
FAX																								
E-mail address																								
<u>Grower</u>																								
Name of Firm																								
Street Address																								
City																								
State/Province																								
Country																								
Zip/Mail code																								
Phone																								
FAX																								
E-mail address																								
Growing Location street																								
Growing Location City																								
Growing Location State/Province																								
Growing Location Country																								
Growing Location Zip/Mail code																								
<u>ADDITIONAL GROWERS</u>										<input type="checkbox"/> No					<input type="checkbox"/> Yes					How Many?				
<u>GROWER 2</u>																								
Name of Firm																								
Street Address																								
City																								

State/Province			
Country			
Zip/Mail code			
Phone			
FAX			
E-mail address			
Growing Location street			
Growing Location City			
Growing Location State/Province			
Growing Location Country			
Growing Location Zip/Mail code			
<u>GROWER 3</u>			
Name of Firm			
Street Address			
City			
State/Province			
Country			
Zip/Mail code			
Phone			
FAX			
E-mail address			
Growing Location street			
Growing Location City			
Growing Location State/Province			
Growing Location Country			
Growing Location Zip/Mail code			
<u>Originating Country</u>		ISO code	
<u>Shipper</u>			
Name of Firm			
FDA Registration Number	<input type="checkbox"/> N/A	#	
Street Address			
City			
State/Province			
Country			
Zip/Mail code			
Phone			
FAX			
E-mail address			
<u>Country from which the article was shipped</u>		ISO code	
<u>Anticipated Arrival Information</u>			
Name of Crossing			

City of Crossing											
State of Crossing					Port of Entry Code						
Anticipated Date of Crossing mm/dd/yy											
Anticipated Time of Crossing					<input type="checkbox"/> am	<input type="checkbox"/> pm					
Port of Entry for Customs Purposes (port code)											
Date of Entry for Customs Purposes mm/dd/yy											
Importer											
Name of Firm											
FDA Registration Number	<input type="checkbox"/> N/A	#									
Street Address											
City											
State											
Zip											
Phone											
FAX											
E-mail address											
Owner											
Name of Firm											
FDA Registration Number	<input type="checkbox"/> N/A	#									
Street Address											
City											
State											
Zip											
Phone											
FAX											
E-mail address											
Consignee											
Name of Firm											
FDA Registration Number	<input type="checkbox"/> N/A	#									
Street Address											
City											
State											
Zip											
Phone											
FAX											
E-mail address											
Carrier 1											
Standard Carrier Abbreviation Code											
Name of Firm											
Street Address											

City					
State/Province					
Zip/mail code					
Country					
Phone					
FAX					
E-mail address					
Additional Carriers	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How Many?		
<u>Carrier 2</u>					
Standard Carrier Abbreviation Code					
Name of Firm					
Street Address					
City					
State/Province					
Country					
Zip/Mail code					
Phone					
FAX					
E-mail address					
<u>Carrier 3</u>					
Standard Carrier Abbreviation Code					
Name of Firm					
Street Address					
City					
State/Province					
Country					
Zip/Mail code					
Phone					
FAX					
E-mail address					
Amendment to follow					
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Cancel this submission					
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<p><i>This form must be submitted by the U.S. Importer or U.S. Purchaser, or U.S. Agent of the importer or purchaser, of the article of food being imported or offered for import. Under 18 U.S.C. 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.</i></p>					