

FDA PRIOR NOTICE DATA SHEET

Please complete any field below that is not provided on your Customs Invoice

Page ____ of ____

1. Submitting Company Name and Address 2. Telephone 4. Contact Name 5. E-mail Address 6. FDA Registration Number (if required for this facility)				7. Shipper Name and Address (if same as Submitting company, enter "SAME") 8. FDA Registration Number 9. Ultimate Consignee Name and Address (if not indicated on Customs Invoice) 10. Shipment Reference Number(s)			
11. Country Shipped	12. Port of Arrival	13. Estimated Arrival Date <small>mm/dd/yyyy</small>	14. Estimated Arrival Time <input type="checkbox"/> AM <input type="checkbox"/> PM	15. Carrier Name	16. Carrier Country & SCAC Code		
17. Airway Bill / Bill of Lading		18. Trip Number		19. License Plate Number & Province/State (Private Vehicle Only)			

For each line (product) on your Customs Invoice, the following information is required:

LINE / PRODUCT DETAILS			
20. Common, Usual or Market Name		21. Estimated Quantity and UOM	22. Lot / Code Number
23. Country of Production	24. HTS Code	25. FDA Product Code	
26. Manufacturer Name and Address 27. FDA Registration Number		28. Grower / Consolidator Name and Address (Goods in natural state only)	

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Use continuation pages for additional product lines