

NYS Department of Agriculture and Markets
 Division of Food Safety and Inspection

HOME PROCESSOR REGISTRATION REQUEST

		Date
Owner Name		County
Trade Name		
Street Address	City	Zip Code
Phone Number	E-mail/Website Address	

LIST COMMON OR USUAL NAME OF THE NON POTENTIALLY HAZARDOUS PRODUCTS THAT YOU PROPOSE TO MANUFACTURE AS A 20C EXEMPT HOME PROCESSOR. IF NECESSARY, INCLUDE A BRIEF DESCRIPTION OF THE PRODUCT.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

*Products are subject to approval and approval must be obtained for any added products after initial registration

MUST CHECK ONE

Water supply is a (public/municipal supply) (private well)

For private wells, attach a copy of the most recent acceptable water analysis (no more than three months old)

Product labels are required to contain the following information: common/usual name of the product, ingredient list in predominance by weight, net quantity of contents, and processor name and full address.

I understand that my product labels must comply with the listed requirements. ____ (initial)

I have read FSI-898d, (Home Processor Information Sheet) and agree to comply with the listed provisions. ____ (initial)

By signing this form, I acknowledge that I have read and understand the provisions of the 20C Exempt Home Processing registration. I agree to these provisions and limitations of the exemption particularly as it concerns products that may be produced and permitted sales venues. I further understand that violations of this agreement will result in revocation of my home processing registration and I may be subject to civil penalties.

Signature of Home Processor

For office use only	Date Reviewed:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason not approved:
Reviewers Signature			