



**BTA – FDA PRIOR NOTICE**

<b>1. Submitter:</b>	<b>2. Shipper:</b>
Name:  Firm Name: Address:  Phone: Fax: E-mail  Firm Type: FDA Reg#	Name:  Firm Name: Address:  Phone: Fax: E-mail  Firm Type: FDA Reg#
<b>3. Ultimate Consignee:</b>	<b>4. Shipment Details:</b>
Name:  Address:   Irs# / SS#:	Carriers Name:  SCAC Code:  Container#  B/L or AWB#  Car or Trip#  Port of Entry:  Estimated Date of Arrival:  Estimated Time of Arrival:
<b>5. Product Line Detail:</b>	<b>6. Manufacturer/Producer Information:</b>
Description of Item:  FDA Product Code:  Lot or Can Code#  Number of Packages:  Weight of Packages LB/KG:  Country of Origin:	Firm Name:  Address:  Firm Type: (Manufacturer/Grower/Consolidator)  FDA Reg#
<b>7. I hereby certify that the information given above and on the continuation sheet(s), if any, is true and complete in every respect.</b>	Signature:  Typed/Printed Name: Phone Number:



**BTA – FDA PRIOR NOTICE  
Continuation Sheet**

<b>Product Line Detail:</b>	<b>Manufacturer/Producer Information:</b>
Description of Item:	Firm Name:
FDA Product Code:	Address:
Lot or Can Code#	Firm Type: (Manufacturer/Grower/Consolidator)
Number of Packages:	FDA Reg#
Weight of Packages LB/KG:	
Country of Origin:	
<b>Product Line Detail:</b>	<b>Manufacturer/Producer Information;</b>
Description of Item:	Firm Name:
FDA Product Code:	Address:
Lot or Can Code#	Firm Type: (Manufacturer/Grower/Consolidator)
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