

## **Instructions for Form 3537a Cancellation of Food Facility Registration Form**

**NOTE:** You must use Form 3537a to cancel a food facility registration. If you wish to submit a registration or provide an update to an existing registration, you must use Form 3537. The owner, operator, or agent in charge of the facility, or an individual authorized by the owner, operator, or agent in charge of the facility, must fill out, sign, and submit this form.

An individual (other than the owner, operator, or agent in charge of the facility) who submits this form to FDA must complete the certification statement. The certification statement section requires the name of the individual who authorized submission of the cancellation. This form must be signed and printed or typed with black or dark blue ink. Do not make any entries or marks in the parts of the form designated "FDA USE ONLY". If there is no information available for a specific block in a mandatory section, enter the words "Not Available", "N/A", or "None" in that block unless specified otherwise in these instructions. Some sections of the form contain a circle for making a choice or selection. Check the circle when making a choice or selection. All sections on these forms are mandatory unless described otherwise.

**REGISTRATION NUMBER:** The first entry on Form 3537a is the Facility Registration Number. Print or type it in the appropriate block.

**PIN NUMBER:** Provide the PIN number that you obtained when you registered.

**FACILITY NAME/ADDRESS INFORMATION:** Print or type this information in the blocks provided on the form. Be sure to use exactly the same facility name and address that was used on Form 3537 in Section 2.

### **CERTIFICATION STATEMENT**

Either the owner, operator, or agent in charge of the facility, or an individual authorized by the owner, operator, or agent in charge of the facility, must submit this form. By submitting the form to FDA, or by authorizing an individual to submit the form to FDA, the owner, operator, or agent in charge of the facility is certifying that the information contained in the form is true and accurate. If an individual authorized by the owner, operator, or agent in charge of the facility submits the form to FDA, that individual also certifies that the information contained in the form is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent in charge of the facility must identify in this section the name and contact information for the individual who authorized submission of the registration. Anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. government is subject to criminal penalties under 18 U.S.C 1001.

**SIGNATURE:** The submitter is required to sign this form in black or dark blue ink.

**NAME OF PERSON SUBMITTING THE REGISTRATION FORM:** Print or type the name of the submitter in this space.

**CHECK ONE BOX:** If the submitter is the owner, operator, or agent in charge, check circle A, "OWNER, OPERATOR, OR AGENT IN CHARGE." The form is now complete. If the submitter is an individual authorized by the owner, operator, or agent in charge (such as an administrative employee), check circle B, "INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION."

If you checked circle B, check either the circle, "Owner, operator, or agent in charge" if the owner, operator, or agent in charge authorized you to submit the cancellation, or the circle, "\_\_\_\_\_(name of individual who authorized registration on behalf of the owner, operator, or agent in charge)," if someone other than the owner,

operator, or agent in charge authorized you to submit the cancellation. If you checked, “owner, operator, or agent in charge,” the form is complete. If you checked the circle, “\_\_\_\_\_(name of individual who authorized registration on behalf of the owner, operator, or agent in charge), complete the name and address information for the individual who authorized you to submit the cancellation of registration on behalf of the owner, operator, or agent in charge. The fax number and e-mail address for that individual are optional.

**Do not mail these instructions back to the FDA with your form. Keep them with your records.**

**Mail completed Form 3537a to U.S. Food and Drug Administration, HFS-681, 5600 Fishers Lane, Rockville, MD 20857 or FAX it to (301) 210-0247.**