

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 No. | | | | 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

Water supply is a (municipal supply) (private well).

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

I have read FSI-514, "New York State Food Labeling" pamphlet and understand that my product labels must comply with the listed requirements. _____ (initial)

I have read FSI-898d, "Home Processing" fact 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
 Establishment
 Representative

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