

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:    Yes    No	Reason not approved:
Reviewers Signature			