

FSVP Agent-Implementation Questionnaire

Company and Contact Information

Legal Name of Company: _____
Main Contact and Title/Position: _____
Street Address: _____
City: _____ State/Province/Region: _____
Postal Code: _____ Country: _____

1. Please select which of the following best describes your business (you may choose more than one option):

- ☐ Importer located in the United States
- ☐ Food manufacturer/processor
- ☐ Food packer
- ☐ Farm
- ☐ Vendor or brand owner of a food product manufactured by another entity (co-manufacturer)
- ☐ Other (please specify): _____

2. For US Importer only:

Which of the following best describes your global annual sales and U.S. market value of the food you manufacture, process, pack, hold or import? (Averaged over the previous three years, including affiliates and subsidiaries)

- ☐ Less than \$1 million
- ☐ \$1 million - \$2.5 million
- ☐ \$2.5 - \$10 million
- ☐ More than \$10 million

Shipment Information

1. When is the product's expected shipping date: _____

2. Is the product imported destined to a specific U.S. buyer or customer? (the U.S. entity already owns, purchased, or agreed to purchase the product at the time of entry) ☐ Yes ☐ No

3. Are you undergoing an FDA inspection or were you issued FDA enforcement action (Detention, Form-483, Warning Letter, Import refusal, Import Alert, other)? ☐ Yes ☐ No

If yes, specify and provide FDA action-related documents: _____

4. Is your shipment for a trade show? ☐ Yes ☐ No If yes, please complete a-d below:

- a. Name of Tradeshow: _____
- b. Location of Tradeshow: _____
- c. Date(s) of Tradeshow: _____ to _____
- d. Estimated Date of Arrival to the U.S. (if available): _____

*If available, please provide a copy of the Packing List for the Trade Show shipment.

FSVP Agent-Implementation Questionnaire

Please complete the following page for each foreign supplier/manufacturer to be evaluated. This information is critical to determine the applicable FDA requirements and service-type.

Manufacturer/Supplier Information

Legal Name of Company: _____
Main Contact and Title/Position: _____
Street Address: _____
City: _____ State/Province/Region: _____
Postal Code: _____ Country: _____

1. Please select which of the following best describes the foreign supplier's business (you may choose more than one option):

- ☐ Food manufacturer/processor
- ☐ Food packer
- ☐ Farm
- ☐ Vendor or brand owner of a food product manufactured by another entity (co-manufacturer)
- ☐ Other (please specify): _____

2. Which of the following best describes the supplier's global annual sales and U.S. market value of the food manufactured, processed, packed, or held? (Averaged over the previous three years, including affiliates and subsidiaries)

- ☐ Less than \$1 million
- ☐ \$1 million - \$2.5 million
- ☐ \$2.5 - \$10 million
- ☐ More than \$10 million

Product Information

1. General Product type: ☐ Produce (*raw fruits or vegetables*) ☐ Conventional Food ☐ Conventional Beverages
☐ Dietary Supplements ☐ Animal Feed/Pet Food ☐ Seafood ☐ 100% Juice ☐ Meat, Poultry, or Egg Products
☐ Alcoholic beverages ☐ Other: _____

2. Intended use: ☐ Further processing by another entity ☐ Retail sale ☐ Sample for Trade Show

3. List below the specific product categories requiring evaluation of the supplier identified above (e.g., Par-baked bread, Frozen vegetables, Salad dressing, Seasonings, Granola bars, other.):

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

* If more space is needed, please attach a separate product list.

4. Please provide product specifications and labels for each individual product requiring evaluation (e.g., for all varieties, different sizes or packaging types, brands, etc).

More documents and information will be requested once the applicable FDA requirements are determined by the Specialist and at subsequent steps of the process.
Documents must be provided in the English language.