**FSMA Produce Safety Farm Inventory Registration Form**

The Maryland Department of Agriculture is compiling an inventory of farms located in the state that may be covered under the Produce Safety Rule. Registering will allow us to provide technical assistance and outreach about important compliance information and program updates, as well as better allocate resources for inspections. Your information will not be shared with any entities or persons outside of the Maryland Department of Agriculture. Please return this form by mail, fax, or email to produce.safety@maryland.gov even if you are not covered by the Produce Safety Rule. A digital copy and a submittable survey version of this form are available on our website.

Do you grow or handle produce that is covered by the FSMA Produce Safety Rule?\* **Yes No**

\**Covered produce is produce that may be consumed raw. See the enclosed brochure for a list of non-covered produce.*

What is the name of your farming operation, business, or corporation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicable, what is your operation's trade name or DBA name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If it is different from your mailing address, please enter the address for your operation's physical location(s) below.

**Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please select a category for the average gross produce sales from your operation:

**❑Over $500,000**

**❑$250,000 - $500,000**

**❑$27,528†- $250,000**

**❑Less than $27,528† - Exempt**

Do you have gross sales of more than $27,528† and have less than $550,551† in total food sales? **Yes No**

If Yes, your operation may qualify for qualified exempt status.

Does your operation grow covered produce year-round? **Yes No**

If not, please provide the approximate start and end dates for your growing period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the name, contact information and role (owner, manager, etc) of the person in charge of your operation?

**First Name:**

**Last Name:**

**Role:**

**Phone Number:**

**Email Address:**

**†**Adjusted for inflation