



Maryland Department of Agriculture

Office of Marketing, Animal Industries and Consumer Services

Wes Moore, Governor
Aruna Miller, Lt. Governor
Kevin M. Atticks, Secretary
Steven A. Connelly, Deputy Secretary

Food Quality Assurance

Agriculture | Maryland's Leading Industry
mda.maryland.gov

The Wayne A. Cawley, Jr. Building
50 Harry S Truman Parkway
Annapolis, Maryland 21401

410-841-5769 Baltimore/Washington
410-841-2750 Fax

2025 FSMA Produce Safety Rule Registration Form

TELEPHONE: (410) 841-5769

FAX: (410) 841-2750

EMAIL: produce.safety@maryland.gov

The Maryland Department of Agriculture (MDA) is registering farms and businesses located in the state that may be required to comply with the Food Safety Modernization Act (FSMA) Produce Safety Rule. Registration information is used to provide education, technical assistance and compliance information to regulated farms and businesses, exclude farms that are not required to comply with the rule, and prioritize inspections. Your information will not be shared with any entities or persons outside of MDA. Please return this form by mail, fax, or email as listed above even if you believe you are not subject to the Produce Safety Rule. Registration and exemption request forms are also available on our website.

Do you grow, harvest, and/or pack produce (fruits, vegetables, mushrooms, sprouts, peanuts, tree nuts, herbs)? ☐ Yes ☐ No

Do you grow, harvest, and/or pack produce that is covered by the FSMA Produce Safety Rule? * ☐ Yes ☐ No

**Covered produce is any produce, unless it is rarely consumed raw and is on the exhaustive list in the Produce Safety Rule § 112.2, as being non covered. If no please, also complete and submit the [Non-Covered Commodities Exemption Registration Form](#).*

Do you **only** grow produce that receives commercial processing to reduce pathogens*? ☐ Yes ☐ No

**If yes, please also complete and submit the MDA [Commercial Processing Exemption form](#).*

What is the name of your farming operation, business, or corporation: _____

If applicable, what is your operation's trade name or DBA name: _____

Please enter the mailing address for your farming operation or business below.

Mailing Address: _____

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

**If you have multiple locations, please check box and submit a complete list attached to the registration form. ☐ Multiple growing locations*

Farm Address: _____

Please select a category for the previous three-year average gross produce sales from your operation:

☐ Over \$500,000; ☐ \$250,000-\$500,000; ☐ \$25,000-250,000; ☐ Less than \$25,000

Do you have gross sales of more than a three-year average of \$33,297[†] in produce sales **AND** less than a three-year average of \$665,947[†] in total food sales (all food for human and/or animal consumption not just produce)?* ☐ Yes ☐ No

[†]Adjusted for inflation (Based on 2022, 2023, 2024) Inflation rate information - <https://www.fda.gov/food/food-safety-modernization-act-fsma/fsma-inflation-adjusted-cut-offs>

**If yes, your operation may be eligible for qualified exempt status. An application for [Qualified Exempt](#) is required to be submitted to MDA annually.*

Do you sell food to Qualified End Users? ☐ Yes ☐ No What % of sales go to Qualified End Users? _____

Qualified End Users include Farm stands, farmers markets, CSAs, restaurants and/or retailers in MD or not more than 275 miles from your farm.

Do you sell food to Non-Qualified End Users? ☐ Yes ☐ No What % of sales go to Non-Qualified End Users? _____

Non-Qualified End Users include Wholesalers, Broker, Auctions, restaurants and/or retailers or any sales more than 275 miles from your farm.

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, information and role (owner, manager, etc.) of the person in charge of your operation?

First Name: _____ **Last Name:** _____

Role: ☐ Owner; ☐ Manager; ☐ Food Safety Contact; ☐ Other (list): _____

Phone Number: _____ **Email:** _____

Please list any crops that the farm will be growing in 2025 in the space provided below: