

Agriculture |*Maryland's Leading Industry* Office of Marketing, Animal Industries and Consumer Services Food Quality Assurance Program

Larry Hogan, Governor Boyd Rutherford, Lt. Governor Joseph Bartenfelder, Secretary Julianne A. Oberg, Deputy Secretary The Wayne A. Cawley, Jr. Building 50 Harry S. Truman Parkway Annapolis, Maryland 21401 Internet: www.mda.maryland.gov

410.841.5700 Baltimore/Washington 301.261.8106 Washington, D.C. 800.492.5590 Toll Free

TELEPHONE: (410) 841-5769 FAX (410) 841-2750 EMAIL: Produce.Safety@maryland.gov FSMA Produce Safety Rule Registration Form

The Maryland Department of Agriculture is registering farms and businesses located in the state that may be required to comply with the Food Safety Modernization Act Produce Safety Rule. Registration allows MDA 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 the Maryland Department of Agriculture. 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)? The Two

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

*Covered produce is any produce **unless it is rarely consumed raw and is on the exhaustive list in the Produce Safety Rule** as being non covered. If no, complete and submit the <u>Non Covered crop exemption request form</u>.

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 Line 1: _____

Mailing Address Line 2: _____

Mailing City, State, Zip: ____

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 submit a complete list attached to registration form.

Location Address Line 1:

Location Address Line 2:

Location City, State, ZIP: _____

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

Over \$500,000

\$27,528[†]- \$250,000

Less than \$27,528[†] - Exempt: **Complete and submit the MDA* <u>*Produce Sales Value Exemption form.*</u>

Do you have gross sales of more than \$27,528[†] in produce sales and less than \$550,551[†] in total food sales?* **UYes INO** **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 only grow produce that receives commercial processing to reduce pathogens?* **UYes UNo**

*Complete and submit the MDA <u>Commercial Processing Exemption form.</u>

Does your operation grow covered produce year-round?

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 (Based on 2016, 2017, 2018). Inflation rate is updated April 1 each year at <u>https://www.fda.gov/food/food-safety-modernization-</u> <u>act-fsma/fsma-inflation-adjusted-cut-offs</u>