

Prior Notice of Food Importation Instructions

Dear DachserUSA Importer:

Please complete the packet attached to the best of your knowledge. Information marked with an asterisk must be completed. Any information left blank could result in a delay of your shipment.

Each section gives a description of the information required. If you are unable to provide us with information, please make our offices aware.

King Regards,

Dachser Transport of America, Inc. – Compliance Department



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Web Entry (Create)

To create a new Web Entry, enter the information on this page and then click on the Save button. Required items are marked with (*).

Entry Information

Enter all Entry Information marked with an asterisk (*). If you do not have an Entry Identifier, leave the Entry Identifier blank and enable the Not Known checkbox to request the system to assign you one.

*Entry Identifier: Not known. (Requests a system Identifier.)

*Entry Type: Consumption

*How many Prior Notices do you or your company intend to submit for this Web Entry?

Port of Arrival

Enter the Port Code for the Port of Arrival and the Anticipated Arrival Date and Time. The time should be in the time zone of the Arrival. If you do not know the Port Code, select the state and click on the Find Port Code button. Indicate the Anticipated Border available.

Port:

State:

OR *Port Code:

Anticipated Border Crossing:

*Anticipated Arrival Date: (MM/DD/YYYY)

*Anticipated Arrival Time: (24-hour clock HH:MM)

Submitter

The Submitter is the person with knowledge of the required Prior Notice information submitted to FDA. The Transmitter is the person logged into the system and who transmits the information either as the Submitter or on behalf of the Submitter. If you are the Submitter, answer Yes to the question below.

Are you the Submitter for this Web Entry?

If you are NOT the Submitter, select the country containing the business location of the Submitter and then click on the Enter Submitter button to provide further information about the Submitter.

*Country:

Importer

Is the Importer the same as the Submitter?

If the Importer is not the same facility as the Submitter, select the country containing the business location of the Importer and click on the Enter Importer button to provide further information about the Importer.

*Country:

Carrier

The Carrier is the transporter of the food from the "Country from which the article is shipped" into the United States. Select the Mode of Transportation and then click on the Enter Carrier button to provide information about the Carrier.

*Mode of Transportation:

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2 Prior Notice: Article (Create)

To create a Prior Notice, enter the Article information. You must enter or select a value for each item marked with an asterisk, **

Entry Identifier:

*Country from which the Article is Shipped:

Please enter the Harmonized Tariff Schedule (HTS) Code as a six or eight or ten digit number. For more information on HTS codes, see [HTS Codes](#)

Harmonized Tariff Schedule (HTS) Code:

Product Information

Enter the exact seven-character Product Code. Use the Search button to find the Product Code. Use "99", meaning "Not Elsewhere" as the last two characters of the Product Code ONLY if a specific code for food does not exist.

*FDA Product Code:

*Common or Usual Name/Market Name:

Production Identifiers

Production Identifiers are the Lot Codes, Production Codes, or other identifiers associated with products. The production identifier is mandatory if the product is required to bear such numbers by the FD&C Act or by FDA regulations. Use the Add and Delete buttons to add or remove Production Identifiers.

Quantity and Packaging

You may invoke the wizard to build the Quantity and Packaging for this Article by clicking on this button.

For packaged food, enter the weight or volume of the smallest (Base) unit. For, example, 16 "ounces, weight (avdp)", if the smallest unit is a 16 oz can. If the product has no packaging, enter the net weight or volume as the Base Unit and check the Bulk-shipment checkbox. The system will ignore all Packaging information if the Bulk-shipment checkbox is checked.

You must create a separate Prior Notice for each article of food with a different base unit.

*Base Unit (Number and Measure): Bulk-shipment (no packaging)

For packaged food, provide the estimated quantity of food that will be shipped, described from the largest container to smallest (up to five packaging levels may be provided). For example, 500 Cases, with 40 Cans per Case (The weight of the individual can unit).

	Number	Package Type	
Largest Package to Smallest Package	<input type="text"/>	<input type="text"/>	Total Quantity:
	<input type="text"/>	<input type="text"/>	<input type="button" value="Calculate"/>
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	

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2 Prior Notice: Manufacturer (Enter)

The Product Code you entered indicates that the product is no longer in its natural state, meaning the article of food has been processed or more ingredients or has been synthesized, prepared, treated, modified, or manipulated.

- >> If the Manufacturer is required to register, enter the Manufacturer's Food Facility Registration Number along with the Facility City to identify the Facility. The Registration Number is issued to the Manufacturer when the facility is registered with the Drug Administration via the Food Facility Registration Module (FFRM). You should contact the Manufacturer to get the appropriate Registration Number.
- >> If the Manufacturer is not required to register, enable the checkbox below, select a reason for the Manufacturer Registration Exemption or Identity of the Manufacturer Not Provided and provide the remainder of the facility address (Street Address; Subdivision, if applicable; and ZIP/Mail Code, if applicable).

Manufacturer is not required to register or Manufacturer Identity not known

Reasons for Registration Number Exemption or Identity of Manufacturer Not Provided:

* Food Facility Registration Number:

* Name:

Street Address:

* City:

Country Subdivision: (state, province, etc.)

Country: Germany, Federal Republic of (DE) [Change Country](#)

ZIP/Mail Code:

Should this Facility be the default Manufacturer for new Prior Notices for this Web Entry?

Save

Cancel

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2 Prior Notice: Shipper (Enter)

If the Shipper is the same Facility as another that you have already entered for this Prior Notice, select the Facility and click on the Note: If you do this, the system will ignore any other data you enter for the Shipper.

Shipper same Facility as:

Otherwise, do one of the following:

- >> If you have the Shipper's Food Facility Registration Number, enter it along with the Facility Name and the City.
- >> If you do not have the Shipper's Food Facility Registration Number, enter at least all required address items denoted by an asterisk.

Food Facility Registration Number:

*Name:

*Street Address:

*City:

Country Subdivision: (state, province, etc.)

*Country: Germany, Federal Republic of

ZIP/Mail Code:

Should this Facility be the default Shipper for new Prior Notices for this Web Entry?

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Prior Notice: Production Identifiers (Add)

Enter one Production Identifier per text box.

Save

Cancel

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2 Prior Notice: Production Identifiers (Add)

Enter one Production Identifier per text box.

Save

Cancel

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2 Prior Notice: Owner (Enter)

If the Owner is the same Facility as another that you have already entered for this Prior Notice, select the Facility and click on the button. (If you do this, the system will ignore any other data you enter for the Owner.)

Owner same Facility as:

Otherwise, do one of the following:

>> If you have the Owner's Food Facility Registration Number, enter it along with the Facility Name and the City.

>> If you do not have the Owner's Food Facility Registration Number, enter at least all required address items denoted by an

Food Facility Registration Number:

*Name:

*Street Address:

*City:

* Country Subdivision: province, etc.)

Country: United States (US)

* ZIP/Mail Code:

Should this Facility be the default Owner for new Prior Notices for this Web Entry?

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2 Prior Notice: Ultimate Consignee (Enter)

If the Ultimate Consignee is the same Facility as another that you have already entered for this Prior Notice, select the Facility a Save button. (If you do this, the system will ignore any other data you enter for the Ultimate Consignee.) The drop-down list on other United States Facilities you have entered.

Ultimate Consignee same Facility as:

Otherwise, do one of the following:

- >> If you have the Ultimate Consignee's Food Facility Registration Number, enter it along with the Facility Name and the City
- >> If you do not have the Ultimate Consignee's Food Facility Registration Number, enter at least all required address items with an asterisk (*).

Food Facility Registration Number:

*Name:

*Street Address:

*City:

*State:

Country: United States (US)

*ZIP Code:

Should this Facility be the default Ultimate Consignee for new Prior Notices for this Web Entry?

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Prior Notice: Holding Facility (Enter)

Provide the location and address where the article of refused food will be or is being held, the identification of the contact person, the Holding Location and the date the article has arrived or will arrive at that location. Enter at least the information marked with an asterisk (*) and then follow the instructions in the Holding Facility Address section.

Specific Holding Location:

*Contact First Name:

*Contact Last Name:

Contact Phone: (###)###-####

*Date Available at Location: (MM/DD/YYYY)

*Holding Location Type:

Should this Holding Facility be the default for Articles you later create for this Web Entry? No or Not Applicable

Holding Facility Address

If your article is held, you must provide Holding Facility address information by doing one of the following:

- >> If you have the Holding Facility's Food Facility Registration Number, enter it along with the Facility Name and the City.
- >> If you do not have the Holding Facility's Food Facility Registration Number, enter at least all required address items marked with an asterisk (*).

Food Facility Registration Number:

*Name:

*Street Address:

*City:

*State:

Country:

*ZIP Code:

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