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UNITED STATES AGENT INFORMATION FORM

INSTRUCTIONS

This form below captures all the information that mdi will provide to the FDA on your behalf to register your facility with the U.S. government. ALL information below is required. If you do not fill out the entire form, we will not be able to register you with the FDA and you risk having your shipments to the U.S. begin held at the port of entry. If you have any questions on the form, do not hesitate to contact us at the phone number or email address listed at the top of the form.

Facility Information

Name of Facility

Street Address (Line 1)

Street Address (Line 2)

City

State/Province

Zip Code

Country

Phone number (format (country code) phone number)

Fax number (format (country code) phone number)

Trade Names (identify all trade names of products from this facility, attach additional documents if necessary)

Trade Name 1

Trade Name 2

Trade Name 3

Trade Name 4

Trade Name 5

Trade Name 6

Trade Name 7

Trade Name 8

Emergency Contact Information

Name of Emergency Contact

Title

Office phone number (format
(country code) phone number)

Home phone number (format
(country code) phone number)

Mobile phone number (format
(country code) phone number)

E-mail address

Fax number (format *(country code)*
phone number)

Parent Company Information (if applicable)

Parent Company Name

Street Address (Line 1)

Street Address (Line 2)

City

State/Province

Zip Code

Country