Small Business Nutrition Labeling Exemption Notice Model Form

Small Business Nutrition Labeling Exemption

Appendix I -- Model Small Business Nutrition Labeling Exemption Notice
FDA Form 3570 (2/07)

PLEASE TYPE OR CLEARLY PRINT IN BLANK SPACES

1. Name of Firm  ________________________________________________________________

2. Street Address of Firm
   City __________________________ State ______ Zip/Postal code________
   Country ______________________________________________________________________
   Telephone __________________ Fax ____________________________________________
   E-mail  ______________________________________________________________________

3. Type of Firm (Check all that apply)
   Manufacturer __________________ Packer/Repacker __________________
   Retailer __________________
   Distributor __________________
   Importer __________________

4. Twelve-month time period for which you are claiming exemption – Provide the applicable time period for the CURRENT YEAR
   Example: 5/8/2005 - 5/7/2006 (Month/day/year - Month/day/year)

5. Average number of full-time equivalent employees for 12 month period __________________
   Include the owner of the firm as one employee. Do not list "0" employees.

6. Report of units sold (Use continuation sheet if necessary)
   If new business, estimate number of units to be sold in upcoming year.
   Name of Product  No. of Units  Manufacturer (A)
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

7. Name and address of Manufacturer(s), Distributor(s), or Importer(s) of Product(s) in Item 6 if Different from Firm Claiming a Exemption.
   (Use continuation sheet if necessary.)
   _B_ Name of Manufacturer, Distributor, or Importer
      Address ______________________________________________________________________
   _C_ Name of Manufacturer, Distributor, or Importer
      Address ______________________________________________________________________

8. Contact Person ______________________________________________________ Telephone Number ________________

9. The undersigned certifies that the above information is complete and accurate. The undersigned will notify the Office of Nutritional Products, Labeling and Dietary Supplements of the date on which the average number of full-time equivalent employees or the number of units of products sold in the United States by my firm exceeds the applicable numbers for the time period for which the exemption is being claimed.

Signature _________________________________________________________________

Name (Type or clearly print) ________________________________________________
Title ______________________________________________________________________
Date ______________________________________________________________________