

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 an 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 _____