

## Notice to FDA of Distribution of VFD Feeds

I/We hereby notify the Food & Drug Administration of our intent to distribute VFD feeds.

Company/Distributor Name: \_\_\_\_\_

Authorized Agent (please print): \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/ Zip Code: \_\_\_\_\_

Date: \_\_\_\_\_

### Send this form to:

Food and Drug Administration  
Center for Veterinary Medicine  
Division of Animal Feeds (HFV-220)  
7519 Standish Place  
Rockville, MD 20855 or faxed to: 240-453-6882