**Notice to FDA of Distribution of VFD Feeds**

I/We hereby notify the U.S. Food and Drug Administration that I/we intend to distribute VFD feeds

|  |
| --- |
| Name of Firm or Individual |
| Physical Address |
| Mailing Address (if different from physical) |
| City, State, Zip |
| Date |
| Signature |
| Name of Responsible Party (please print or type) |

Send this form to:

U.S. Food and Drug Administration

Center for Veterinary Medicine

Division of Animal Feeds (HFV-220)

7519 Standish Place

Rockville, MD 20855