

Information and documentation required for a PRODUCT CLASSIFICATION

as required by FDA and Georgia Department of Agriculture, for food products that will be produced by a licensed co-packer. Once approved, a letter of product classification will be issued to the Georgia Department of Agriculture's Consumer Protection Division, who will then contact you.



**INSIDE
GEORGIA
ONLY**

Please allow at least three weeks for processing.

Please type or write legibly (on separate sheet) the information below about the process used to make each product:

- 1) Recipe/formula with **all** ingredients with accurate measurement/weight (i.e., grams, pounds, ounces, etc. - household measure is acceptable).
- 2) Product lot/batch code procedure (consult your co-packer)
- 3) Recall procedures

Name of product(s): _____

Co-Packer Company:
Contact Person:
Mailing Address:
City/State/Zip:
Phone/Fax:
Email:

Send required information with sample of product(s) and payment to the address below. Please be sure your name and the product name appear on all pages!

Mail to: Product Classification
UGA Extension Food Science
240A Food Science Building
100 Cedar Street
Athens, GA 30602-2610

Phone: 706/542-2574

Website: www.EFSonline.uga.edu

****Check or money order requests that do not include sales tax will be held until the balance of the payment is received. Sales tax will be figured into credit card payments and a receipt will be issued.**

PRODUCT CLASSIFICATION (IN-STATE ONLY)

Payment in advance is required – check or money order made payable to the *University of Georgia*, or provide credit card authorization information below.

Product will not be shipped without full payment.

<i>Service/Item</i>	<i>Cost</i>	<i>Total</i>
Product classification fee (covers all products submitted at one time)	\$75.00	
Product testing (pH, Brix, etc.)	add \$25.00 for each product	
SUBTOTAL OF ORDER		
** Georgia Sales Tax (your county's is ____%)		
TOTAL OF ORDER		\$

Payment Method

___ Check No. _____ or money order for \$ _____ payable to the *University of Georgia*

___ Visa ___ MasterCard ___ Discover ___ AmEx

Card number:

Expiration date (MM/YY):

Signature:

Print name of signer:

Contact Name:

Company Name:

Mailing Address:

Street Address:

City/State/Zip:

Phone/Cell:

Fax:

Email: