



FEDERATIVE REPUBLIC OF BRAZIL
 MINISTRY OF AGRICULTURE, LIVESTOCK AND FOOD SUPPLY - MAPA
 SECRETARIAT OF ANIMAL AND PLANT HEALTH AND INSPECTION - SDA
 DEPARTMENT OF INSPECTION OF ANIMAL ORIGIN PRODUCTS - DIPOA
REGISTRATION FORM FOR LABELS OF IMPORTED PRODUCTS OF ANIMAL ORIGIN

1 – IDENTIFICATION

1.1 - No. of veterinary/health control of producing establishment in the country of origin:

1.2 - Name and address of the central agency in charge of the veterinary/health control of producing establishment :

1.3 - Number of product registration in the Ministry of Agriculture of Brazil:/....(*)

1.4 Date of submission to DIPOA :...../...../.....

1.5 - Corporate name (name) of producing establishment :

1.6 - Address of producing establishment :

2 - APPLICATION

Dear Sir/Madam Director of DIPOA,
 The above named company, through its legal representative and its technical manager, requests from this Department the procedure ticked in item 3 of this sheet.

3 - TYPE OF REQUEST

3.1 - Request:

3.1.1. - <input type="checkbox"/> REGISTRATION	3.1.2. - <input type="checkbox"/> CHANGE IN COMPOSITION/MANUFACTURING PROCESS
3.1.3. - <input type="checkbox"/> CHANGE IN THE LABEL	3.1.4. - <input type="checkbox"/> CANCELATION

4 - PRODUCT IDENTIFICATION

4.1. - Product Name (Trade name) – original and in Portuguese:

4.2 - Brand:

5 – CHARACTERISTICS OF LABEL AND PACKAGING

5.1 - Label:

5.1.1. - <input type="checkbox"/> PRINTED	5.1.3. - <input type="checkbox"/> RELIEF PRINTING	5.1.5. - <input type="checkbox"/> LITHOGRAPHY
5.1.2. - <input type="checkbox"/> ADHESIVE LABEL	5.1.4. - <input type="checkbox"/> HEAT PRINTING	5.1.6. - <input type="checkbox"/> OTHER (.....)

5.2 – Packaging:

5.2.1. - <input type="checkbox"/> CAN	5.2.2. - <input type="checkbox"/> PAPER	5.2.3. - <input type="checkbox"/> PLASTIC	5.2.4. - <input type="checkbox"/> NATURAL PACKAGING	5.2.5. - <input type="checkbox"/> OTHER (.....)
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6 – QUANTITY AND FORM OF IDENTIFICATION

6.1 - Quantity of product packed and the unit of measure used :

6.2 - Manufacturing or packaging date and shelf life (place and manner of statement):

7 - PLACE AND DATE

8 - AUTHENTICATION

Signature and stamp of the legal representative of producing establishment	Signature and stamp of the technical manager of producing establishment
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(*) Sequential number, followed by a slash and the number of official registration of the establishment at the Veterinary Inspection Service or Health Inspection Service. The registration number must be indicated on the label and on the international health certificate of products exported to Brazil.
 Model as per Circular Letter DIPOA No. 42/2010



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9 - IDENTIFICATION

9.1 - No. of veterinary/health control of producing establishment :

9.2 - Number of product registration at the Ministry of Agriculture of Brazil:/.....(*)

10 - COMPOSITION

10.1 - Ingredients	KG OR L	PERCENTAGE (%)
TOTAL		100%

11 - MANUFACTURING PROCESS

Description:



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11 - MANUFACTURING PROCESS (cont.)

Description:

12 - PACKAGING SYSTEM

Description:

13 - STORAGE

Description:

14 - QUALITY CONTROL / PRODUCT CONSERVATION

Description:



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15 - PRODUCT TRANSPORTATION

Description:

16 - IMPORTER INFORMATION

Please indicate the place and manner of affixing the information on the importer :

17 - DOCUMENTS ATTACHED

Please list:

18 - PLACE AND DATE

19 - AUTHENTICATION

<p>Signature and stamp of the legal representative of the producing establishment</p>	<p>Signature and stamp of the technical manager of the producing establishment</p>
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REGISTRATION FORM FOR LABELS /IMPORTED PRODUCTS OF ANIMAL ORIGIN

FORM TO BE USED BY THE VETERINARY/HEALTH AUTHORITY IN CHARGE OF HEALTH AND HYGIENE CONTROL ONLY

1 - IDENTIFICATION

1. 1. - Corporate name of producing establishment :
1. 2. No. of veterinary/health control of producing establishment :
1.3 - Number of product registration at the Ministry of Agriculture of Brazil :/.....(*)

2 - CERTIFICATION OF VETERINARY / HEALTH AUTHORITY

I, the undersigned, certify that :

1. The company implements the quality control methods informed in an appropriate manner;
2. The facilities, equipment and production flow are appropriate and approved for the development of the product;
3. The company implements the manufacturing process and meets the product composition as described;
4. The establishment has the qualification required to manufacture and export the product to the Brazilian market.

3. COMMENTS

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4. PLACE AND DATE

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5. AUTHENTICATION

<p>Full name of Veterinary/Health Service official in charge of producing establishment</p>	<p>Signature and Stamp of Veterinary/Health Service official in charge of producing establishment</p>
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REGISTRATION FORM FOR LABELS /IMPORTED PRODUCTS OF ANIMAL ORIGIN

FORM TO BE USED BY DIPOA ONLY

1 - IDENTIFICATION

1.1 - No. of veterinary / health control of the producing establishment :

1.3 - Number of product registration at the Ministry of Agriculture of Brazil :/...../.....(*)

1.4 - Date of submission to DIPOA:...../...../.....

1.5 - Corporate name (trade name) of producing establishment :

1.6 - Address of producing establishment :

2 - TYPE OF REQUEST

2.1 - Request:
 2.1.1. - REGISTRATION
 2.1.2. - CHANGE IN MANUFACTURING PROCESS / COMPOSITION
 2.1.3. - CANCELATION
 2.1.4. - CHANGE IN LABEL

3 - PRODUCT IDENTIFICATION

3.1 - Product Name (trade name)::

3.2 - Brand:

4 - CHARACTERISTICS OF THE LABEL AND PACKING

4.1 - Label:
 4.1.1. - PRINTED
 4.1.2. - ADHESIVE LABEL
 4.1.3. - RELIEF PRINTING
 4.1.4. - HEAT PRINTING
 4.1.5. - LITHOGRAPHY
 4.1.6. - OTHER

5.2 - Packaging
 5.2.1. - CAN
 5.2.2. - PAPER
 5.2.3. - PLASTIC
 5.2.4. - NATURAL PACKAGING
 5.2.5. - OTHER

5 - QUANTITY / FORM OF IDENTIFICATION

5.1 - Quantity of product packed and the unit of measure used :

6 - CONSIDERATION OF REQUEST FOR LABEL REGISTRATION

Dear Sir/Madam Head of Division, we propose the label is APPROVED/ APPROVED WITH RESTRICTIONS*/ NOT APPROVED.

Notes on restrictions *:

* Restrictions should be resolved before the making and use of the label .

7 - PLACE AND DATE OF ANALYSIS OF REQUEST

BRASÍLIA, DF, BRAZIL,...../...../.....

8 - AUTHENTICATION

<p>Signature and stamp of Veterinarian FFA of DIPOA</p>	<p><input type="checkbox"/> Approved ** <input type="checkbox"/> Approved with restrictions ** <input type="checkbox"/> Not approved, as explained in Box 6 above . ** Valid for 10 (ten) years .</p> <p>BRASILIA, DF, BRAZIL...../...../.....</p> <p>Signature and stamp of Head of Division / CGI / DIPOA</p>
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