



# REGISTRATION APPLICATION FOR PRODUCE FARMS

State Form 55150 (R3 / 9-17)

INDIANA STATE DEPARTMENT OF HEALTH  
FOOD PROTECTION PROGRAM  
100 North Senate Avenue, Room N855  
Indianapolis, Indiana 46204  
Telephone: (317) 234-8569  
Fax: (317) 233-9200  
E-mail: [producesafety@isdh.in.gov](mailto:producesafety@isdh.in.gov)

Produce Farms or any entity that grows, harvests, packs, or holds covered produce, as defined in 21 CFR Part 112, for human consumption and is a) subject to 21 CFR Part 112, including those eligible for a qualified exemption, or b) not subject to 21 CFR Part 112 but provides covered produce to another entity for resale or redistribution should complete this form.

**INSTRUCTIONS:** Please complete this form, attach relevant documentation, and submit all materials to the fax number, e-mail, or mailing address above and listed on Page 4. If additional space is needed, please write on a blank sheet of paper and submit it with the form and attachments specified.

**DISCLAIMER:** The information provided on this form is considered a matter of public record and will be shared with the U.S. Food and Drug Administration for purposes of complying with the Food Safety Modernization Act, Produce Safety Rule. **Please do not provide confidential or trade secret information on this registration form.**

Sections with an asterisk (\*) are required fields.

## Owner Information – Please provide information about the farm owner of the operation.

First Name of Farm Owner*	Last Name of Farm Owner*
Owner Street Address Line 1*	Owner Street Address Line 2
Owner City*	Owner State*
Owner ZIP Code*	Owner Telephone Number*
Owner E-mail Address*	
FDA Establishment Identification (FEI) Number	Farm Data Universal Numbering System (DUNS) Number

## Responsible Party (If different than Owner)

First Name of Responsible Party	Last Name of Responsible Party
Responsible Party Person Title	Responsible Party Telephone Number
Responsible Party Fax Number	Responsible Party E-mail Address

## Mailing Address (If different than Owner and Responsible Party)

Mailing Street Address Line 1	Mailing Street Address Line 2
Mailing City	Mailing State
Mailing ZIP Code	Mailing Country Code

## Point of Contact (If different than Owner and Responsible Party)

Point of Contact Role	Preferred Mode of Communication (e-mail, fax, mail):
Point of Contact First Name	Point of Contact Last Name
Point of Contact Title	Point of Contact Telephone Number
Point of Contact Fax	Point of Contact E-mail Address

**FOR OFFICE USE ONLY** Date Received: \_\_\_\_\_ Exemption Status: \_\_\_\_\_ State Registration Number: \_\_\_\_\_  
(month, day, year)  
Verified By: \_\_\_\_\_ Verification Date: \_\_\_\_\_  
(month, day, year)

**Farm Information – Please provide information about the farm operation.**

Farm Company Name*	Farm Name*
Farm Facebook Address	Farm Website
Farm Telephone Number*	Farm E-mail Address

**Farm Practices – Please describe your farm safety practices.**

<p>Do you distribute products obtained from other sources?*</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If "yes", please list products and sources below.</p> <p>Products: _____</p> <p>Sources: _____</p>	<p>Describe wet and dry cleaning processes below.*</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Please select all forms of market sales that your farm participants in.*</p> <p><input type="checkbox"/> Farmers' Market      <input type="checkbox"/> Farm / Roadside Stand</p> <p><input type="checkbox"/> U-Pick      <input type="checkbox"/> Community Shared Agriculture</p> <p><input type="checkbox"/> Wholesale market (please specify): _____</p> <p>Other (please specify): _____</p>	<p>Please indicate all trainings and date of completion for staff within the last three (3) years.*</p> <p><input type="checkbox"/> Produce Safety Alliance Good Agricultural Practices (PSA GAPs) on: _____ (month, day, year)</p> <p><input type="checkbox"/> Direct Marketer's GAPs on: _____ (month, day, year)</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p>If you answered "none" or "other" and are interested in receiving training information from Purdue University, please provide your e-mail address: _____</p>
<p>Please provide approximate dates (month, day, year) of primary activities on the farm.</p> <p><u>Planting / Seeding Period.*</u></p> <p>From: _____ To: _____</p> <p><u>Growing Period.*</u></p> <p>From: _____ To: _____</p> <p><u>Harvesting / Packing Period.*</u></p> <p>From: _____ To: _____</p>	<p>Please detail soil additive or preparation practices used per farm activity. If none, enter N/A.</p> <p><u>Planting / Seeding period soil additive or preparation practice(s).*</u></p> <p>_____</p> <p>_____</p> <p><u>Growing period soil additive or preparation practice(s).*</u></p> <p>_____</p> <p>_____</p>
<p>Does your farm participate in a third party audit?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If "yes", please enter the date of the last audit below and submit a copy of the report with this form.</p> <p>Date (month, day, year): _____</p>	<p>Which type of audit program does your farm participate in? Choose all that apply.*</p> <p><input type="checkbox"/> Private      <input type="checkbox"/> State      <input type="checkbox"/> Federal</p> <p><input type="checkbox"/> None      <input type="checkbox"/> Other (describe): _____</p>
<p>Are you certified organic?*</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> No, but the farm follows organic practices.</p> <p>If "yes", please provide date of certificate below.</p> <p>Date (month, day, year): _____</p>	<p>Do you use animal manure for the purpose of soil augmentation?*</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p>Is irrigation water from a public or private source?*</p> <p><input type="checkbox"/> Public      <input type="checkbox"/> Private</p>	<p>Do you test your irrigation water for bacteriological contamination?*</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If "yes", please provide the date of your last water test and the results.</p> <p>Date (month, day, year): _____ Results: _____</p>

If the farm is **NOT** covered by the *U.S. Food Safety Modernization Act, Produce Safety Rule*, skip to **Signature of Applicant and Date** on **Page 4**. If you have determined that your farm **IS** covered, please continue.

**Farm / Plot Detail – Please provide current commodity detail per farm / plot.**

Farm/Plot Latitude*	Farm/Plot Longitude*	Select all commodity types.* <input type="checkbox"/> Fruits <input type="checkbox"/> Nuts <input type="checkbox"/> Spices / Herbs <input type="checkbox"/> Vegetables <input type="checkbox"/> Other: _____	Commodity name(s)* (List all that apply.) _____ _____ _____ _____	Intended use of crop(s)* <input type="checkbox"/> Fresh-cut <input type="checkbox"/> Canning <input type="checkbox"/> Processing <input type="checkbox"/> Other: _____	Estimated volume of crops handled annually by commodity in lbs.* _____ _____ _____ _____	Previous land use Check all that apply.* <input type="checkbox"/> Animal production <input type="checkbox"/> Animal grazing <input type="checkbox"/> Industrial park <input type="checkbox"/> Non-organic grain <input type="checkbox"/> Organic grain <input type="checkbox"/> Other: _____
Farm/Plot Latitude	Farm/Plot Longitude	Select all commodity types. <input type="checkbox"/> Fruits <input type="checkbox"/> Nuts <input type="checkbox"/> Spices / Herbs <input type="checkbox"/> Vegetables <input type="checkbox"/> Other: _____	Commodity name(s) (List all that apply.) _____ _____ _____ _____	Intended use of crop(s) <input type="checkbox"/> Fresh-cut <input type="checkbox"/> Canning <input type="checkbox"/> Processing <input type="checkbox"/> Other: _____	Estimated volume of crops handled annually by commodity in lbs. _____ _____ _____ _____	Previous land use Check all that apply. <input type="checkbox"/> Animal production <input type="checkbox"/> Animal grazing <input type="checkbox"/> Industrial park <input type="checkbox"/> Non-organic grain <input type="checkbox"/> Organic grain <input type="checkbox"/> Other: _____
Farm/Plot Latitude	Farm/Plot Longitude	Select all commodity types. <input type="checkbox"/> Fruits <input type="checkbox"/> Nuts <input type="checkbox"/> Spices / Herbs <input type="checkbox"/> Vegetables <input type="checkbox"/> Other: _____	Commodity name(s) (List all that apply.) _____ _____ _____ _____	Intended use of crop(s) <input type="checkbox"/> Fresh-cut <input type="checkbox"/> Canning <input type="checkbox"/> Processing <input type="checkbox"/> Other: _____	Estimated volume of crops handled annually by commodity in lbs. _____ _____ _____ _____	Previous land use Check all that apply. <input type="checkbox"/> Animal production <input type="checkbox"/> Animal grazing <input type="checkbox"/> Industrial park <input type="checkbox"/> Non-organic grain <input type="checkbox"/> Organic grain <input type="checkbox"/> Other: _____

**Farm Detail for Food Safety Modernization Act (FSMA), Produce Safety Rule**

<p>Select Farm Size based on Average Produce Sales.*</p> <p><input type="checkbox"/> Large (over \$500,001)      <input type="checkbox"/> Exempt (Less than \$25,000)  <input type="checkbox"/> Small (\$500,000 – \$250,001)      <input type="checkbox"/> Not available  <input type="checkbox"/> Very Small (\$250,000 – \$25,001)</p>	<p>Annual value of <u>produce</u> sales (in dollars) averaged over the previous three (3) years.*</p> <p><input type="checkbox"/> More than \$1,000,001      <input type="checkbox"/> \$250,000 – \$25,001  <input type="checkbox"/> \$1,000,000 – \$500,001      <input type="checkbox"/> \$25,000 – \$0  <input type="checkbox"/> \$500,000 – \$250,001      <input type="checkbox"/> Not available</p>
<p>Annual value of <u>all food</u> sales (in dollars) averaged over the previous three (3) years.*</p> <p><input type="checkbox"/> More than \$1,000,001      <input type="checkbox"/> \$250,000 – \$25,001  <input type="checkbox"/> \$1,000,000 – \$500,001      <input type="checkbox"/> \$25,000 – \$0  <input type="checkbox"/> \$500,000 – \$250,001      <input type="checkbox"/> Not available</p>	<p>Indicate whether the farm sells food to a Qualified End User(s).* (A Qualified End User is a consumer of the food or a restaurant or retail establishment that is located in Indiana or no more than 275 miles from the farm. A consumer is NOT a business.)</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p>Approximate percentage of food sales to a qualified end user.* If the majority of food sales are to a qualified end-user (greater than 50% and the firm has less than \$500k in food sales averaged for previous three (3) years) then the firm could receive a qualified exemption.</p> <p>Percentage of Sales to Qualified End User: _____</p>	<p>Approximate acreage of the farm.*</p> <p><input type="checkbox"/> 1 – 10      <input type="checkbox"/> 11 – 100      <input type="checkbox"/> 101 – 500      <input type="checkbox"/> 501 – 1,000  <input type="checkbox"/> 1,001 – 2,500      <input type="checkbox"/> 2,501 – 5,000      <input type="checkbox"/> More than 5,000</p>
<p>Indicate whether the farm grows, harvests, packs, holds, and/or distributes any covered produce (either currently or for the upcoming season (e.g., if in between a growing season). <i>Select all that apply.</i>*</p> <p><input type="checkbox"/> Grow      <input type="checkbox"/> Harvest      <input type="checkbox"/> Pack      <input type="checkbox"/> Hold      <input type="checkbox"/> Distribute</p>	<p>If you distribute, list commodities, describe processes, and recipients of produce below. Otherwise, continue on Page 4.</p> <p>Commodities Distributed: _____  Distribution Process: _____  Produce Recipients: _____</p>

## Signature of Applicant and Date

Signature of applicant\*

Date (month, day, year)\*

Printed name of applicant\*

Thank you for completing Indiana's Registration Application for Produce Farms. Please submit:

- ✓ Signed and dated registration form
- ✓ Results of the last water quality test
- ✓ Third Party certificate and/or reports (if appropriate)

**To: Indiana State Department of Health  
Food Protection Program – Produce Safety**

100 North Senate Avenue, Room N855

Indianapolis, Indiana 46204

Fax: (317) 233-9200

E-mail: [producesafety@isdh.in.gov](mailto:producesafety@isdh.in.gov)

Upon review, you will receive a certificate of registration. Registration of farms does not necessarily indicate compliance with any other regulations or guidance for the wholesale distribution of fresh fruits and vegetables intended to be consumed raw. Please schedule a free produce safety consultation by calling (317) 476-0056. Thank you.