

**Regulation (EC) No. 852/2004 of the European Parliament and of the Council  
on the Hygiene of Foodstuffs**

**Registration Application Form for Primary Producers of Fruit and Vegetables**

**SECTION A (Please complete this Section A if the business is not a registered company, i.e. you are an individual or sole trader)**

<b>Title</b> (Ms, Mr, etc.)		<b>Forename(s):</b>	<b>Surname:</b>	
<b>Address</b>				
<b>PPS No.</b>		<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/> Please tick as appropriate	
<b>Date of birth*</b>	Day	Month	Year	
<b>Nationality</b>				
<b>Telephone</b>	<b>Landline:</b>		<b>Mobile:</b>	
<b>Fax</b>		<b>E mail</b>		
<b>Trading as (if not as self)</b>				
<b>Please indicate any other Department ID number (s)</b>				

**SECTION B (Please complete this Section B if the business is a registered company)**

<b>Company Name</b>				
<b>Address</b>				
<b>VAT No.</b>		<b>Company Registration No.</b>		
<b>Trading as (if different to above)</b>				
<b>Contact Name</b>				
<b>Telephone</b>	<b>Landline:</b>		<b>Mobile:</b>	
<b>Fax</b>		<b>E mail</b>		
<b>Please indicate any other Department ID number(s)</b>				

\* For statistical and information purposes only

**SECTION C**

**I hereby wish to apply for registration as a primary producer under the above mentioned legislation.**

Edible Plant/ Fungi Produced/ Imported	Activity					
	<i>Please tick appropriate box(es)</i>					
	Producing	Cleaning	Dividing/ cutting	Freezing	Packing	Importing
<b>1. Field Vegetables</b>						
<i>Brassicas</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Root vegetables</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Onions</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Outdoor salad crops</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other (Please specify)</i> -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Potatoes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Soft Fruit</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Other Fruit</b> <i>(Please specify)</i> -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Mushrooms</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Other protected crops</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Any other food crops</b> <i>(Please specify)</i> -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Preferred language for future correspondence    English     Irish     Preferred method of receiving future correspondence    E Mail     SMS Messaging     Post

**DECLARATION**

**The information given above in respect of this application is, to the best of my knowledge and belief, true.**

NAME (block capitals) \_\_\_\_\_

Position in Company (if relevant) \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_