

NOTICE TO AMEND FBO DETAILS
(Including Name, contact information, new activities/products)



AMENDMENT FORM

Please complete this form in BLOCK CAPITALS. If completed on screen, please print off a copy, sign, date and either post or submit a scanned copy by email to:

Address: Milk Hygiene Division
Pavilion B
Grattan Business Centre
Portlaoise, Co Laois , R32 KW50
Telephone: 057 8694358
Fax: 057 8694391
Email: dairyhygiene@agriculture.gov.ie

FBO Name: _____

Existing Approval/Registration No: _____

Please select one of the following options:

- 1. Change to name of operation
- 2. New contact information
- 3. Additional Activities / Products
- 4. Storage of Additional Products

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Date of previous Application Form: _____

PART 1 – Change to legal name of operation:

Yes N/A

Current Legal Name:

New Legal Name:

Trading Name:
(If applicable)

Address:

Telephone:

Fax:

EirCode:

Email:

PART 2 – Establishment Contacts

Yes N/A

A - Duly authorised representative of the Food Business Operator (FBO) (Hygiene issues, legal notices etc)

Title: **Forename:** **Surname:**

Telephone: **Mobile:** **Fax:**

Email:

B - Duly authorised representative of the Food Business Operator (FBO) (TB Issues, ER122 Notifications etc) N/A

Title: **Forename:** **Surname:**

Telephone: **Mobile:** **Fax:**

Email:

C – Out of Hours Emergency Contact Information (Optional)

Title: **Forename:** **Surname:**

Telephone: **Mobile:** **Fax:**

Email:

PART 3 – A - Additional Activities for which approval is sought

Yes N/A

Category of Establishment	Activities	Product*	Species Bovine/Caprine/Ovine
Own Milk Processing Establishment (OMPE)	Production/handling of raw milk, & processing into dairy products (raw milk product) <input type="checkbox"/>		
	Production/handling of raw milk/Pasteurisation & further processing into dairy products/ Pasteurisation (drinking milk) (pasteurised product) <input type="checkbox"/>		
Milk Purchaser Processing Establishment (MPPE)	Collection/handling of raw milk from dairy holdings, & processing into dairy products (raw milk product) <input type="checkbox"/>		
	Collection/handling of raw milk from dairy Holdings/ Pasteurisation & further processing into dairy products/ Further processing of dairy products/ Pasteurisation (drinking milk) (pasteurised product) <input type="checkbox"/>		
Milk Purchaser (MP)	Collection/handling of raw milk from dairy holdings <input type="checkbox"/>		
Processing Establishment (PE)	Handling of raw milk and/or dairy products, & processing into dairy products (raw milk product) <input type="checkbox"/>		
	Handling of raw milk and/or dairy products/ Pasteurisation & further processing into dairy products/ Further processing of dairy products/ Pasteurisation (drinking Milk) (pasteurised product) <input type="checkbox"/>		
Rewrapping & Packing (RWP)	Handling and rewrapping/packing of dairy products <input type="checkbox"/>		
Collection Centre (CC)	Handling/Storage of raw milk <input type="checkbox"/>		

*New Product Information (if applicable)

B - Additional products for which approval is sought

	Additional Information
New Product Details (list products)	
If manufacturing a raw milk product please advise re source of raw milk (please identify purchaser, milk production holding / supplier etc)	
Own Herd Number / Suppliers Herd Number	
Pasteurised Milk product (please identify source, i.e. Shop, Purchaser etc)	
Other Pasteurised inputs (i.e. cream, milk powder, skim milk, cheese curd, yoghurt etc)	
Additional Information	

C – Additional activities/products for which registration is sought

Category of Establishment	Additional Information
Activities / Products that require Registration (i.e. Infant Formula incorporating dairy and non dairy ingredients, Dairy Spreads, Ice Cream made from composite products etc)	Product Details: Additional Information: source, processes etc..
Temperature Controlled Storage (including chill & Cold storage)	Products /Additional products to be stored:
Dry Storage	Products /Additional products to be stored:

PART 4 – Amendment / Application

Name of Applicant:	
Position in Operation:	
Name of Contact:	
Position in Operation:	
Telephone:	
Email:	

I hereby apply, on behalf of _____, to:

- **update information previously supplied**
- **apply for approval/registration for additional activities**
- **add new products to existing range**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Name in BLOCK CAPITALS:

Signature:

Date:

IMPORTANT

Activities that require approval must not be undertaken until the appropriate approval is granted. Once approved, the onus is on the Food Business Operator to ensure that the competent authority always has up to date information on establishments, including by notifying, any significant change in activities and any closure of an existing establishment.
