



Date:12/26/2024 10:39:08

Created Date

2021-12-01 15:47:07.0

Registration Expiration Date

2026-12-31

Last Updated

2024-12-26

Registration Status

**VALID**

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

Yes  No

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

Yes  No

### Section 1: Type of Registration

Facility Location: **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **19270813530** Pin No **278e69ej**

Are you the new owner of a previously registered facility?

Yes  No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

### Section 2: Facility Name/Address Information

Facility Name

**AG Pack LLC**

Facility Name Suffix

**Limited Liability Corporation**

Facility Street Address, Line 1

**9700 Robin Rd**

Facility Street Address, Line 2

City

**Disputanta**

State/Province/Territory

**Virginia**

Zip Code (Postal Code)

**23842**

Country/Area

**UNITED STATES**

Telephone Number

**001 804 5149080**

Fax Number

E-Mail Address

**hballou@agpackva.com**

Unique Facility Identifier (UFI)



### Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? No

Name	Telephone Number
<b>AG Pack LLC</b>	<b>001 804 5149080</b>
Address, Line 1	Fax Number
<b>8405 Glendale Dr</b>	
Address, Line 2	E-Mail Address
	<b>hballou@agpackva.com</b>
City	
<b>Henrico</b>	
State/Province/Territory	
<b>Virginia</b>	
Zip Code (Postal Code)	
<b>23229</b>	
Country/Area	
<b>UNITED STATES</b>	

### Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
- Same as Preferred Mailing Address (Section 3)
- None of the above

Company Name	Telephone Number
<b>AG Pack LLC</b>	<b>001 804 5149080</b>
Company Name Suffix	Fax Number
Address, Line 1	E-Mail Address
<b>8405 Glendale Dr</b>	<b>hballou@agpackva.com</b>
Address, Line 2	
City	
<b>Henrico</b>	
State/Province/Territory	
<b>Virginia</b>	
Zip Code (Postal Code)	
<b>23229</b>	
Country/Area	
<b>UNITED STATES</b>	

### Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:



Same as Facility Address (Section 2)

None of the above

Individual's Title (Optional)

Emergency Contact Phone

**001 479 3870760**

Individual's Name (Optional)

E-Mail Address

**Harold**

**hballou@agpackva.com**

Individual's Middle Name (Optional)

Job Title (Optional)

**M**

**Plant Manager**

Individual's Last Name (Optional)

**Ballou**

### Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

Yes

No

### Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

First Name

**-N/A-**

Emergency Contact Phone

**-N/A-**

Middle Name (Optional)

**-N/A-**

Fax Number

**-N/A-**

Last Name (Optional)

**-N/A-**

E-Mail Address

**-N/A-**

Title (Optional)

**-N/A-**

Address, Line 1

**-N/A-**

Address, Line 2

**-N/A-**

City

**-N/A-**

State/Province/Territory

**-N/A-**

Zip Code (Postal Code)

**-N/A-**

Country/Area

**-N/A-**

### Section 8: Seasonal Facility Dates of Operation (Optional)



Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1

Start Month

End Month

Harvest 2

Start Month

End Month

**Section 9: General Product Categories - Human/Animal/Both**

<input type="checkbox"/> Food for Human Consumption	<input checked="" type="checkbox"/> Food for Animal Consumption
---	---

**Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility**

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please Specify)
1.GRAIN OR GRAIN PRODUCTS (I.E., BARLEY, GRAIN SORGHUMS, MAIZE, OAT, RICE, RYE, WHEAT, OTHER GRAINS OR GRAIN PRODUCTS)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.OILSEED OR OILSEED PRODUCTS (I.E., COTTONSEED, SOYBEANS, OTHER OILSEEDS OR OILSEED PRODUCTS)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.AMINO ACIDS OR RELATED PRODUCTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.MARINE PRODUCTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.MIXED FEED (E.G., POULTRY, LIVESTOCK, EQUINE)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 10: Owner, Operator, or Agent-in-Charge Information**



Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Agpack LLC.

Address, Line 1	Telephone Number
<b>8405 Glendale Dr</b>	<b>001 804 5149080</b>
Address, Line 2	Fax Number
City	E-Mail Address
<b>Henrico</b>	<b>hballou@agpackva.com</b>
State/Province/Territory	
<b>Virginia</b>	
Zip Code (Postal Code)	
<b>23229</b>	
Country/Area	
<b>UNITED STATES</b>	

**Section 11: Inspection Statement**

FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

**Section 12: Certification Statement**

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

**NAME OF PERSON SUBMITTING THIS REGISTRATION RENEWAL:** Harold Ballou

**CHECK ONE BOX**

- A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)
- B. ANOTHER AUTHORIZED INDIVIDUAL

**Address Information for the Authorizing Individual:**

Individual's Name	Telephone Number
<b>-N/A-</b>	<b>-N/A-</b>



Address, Line 1

-N/A-

Fax Number

-N/A-

Address, Line 2

-N/A-

E-Mail Address

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-