



Hugh E. Weathers
Commissioner

State of South Carolina Department of Agriculture

Food Safety Division

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123 Ballard Court
W. Columbia, SC 29172

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803.737.9700

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803.737.9690

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Application for Registration Verification Certificate (RVC)

Section 1 Business Information

Name of Applicant(s) and Title _____
Name of Business _____
Address of Processing Facility _____ City _____ Zip _____
Applicant Mailing Address _____ City _____ Zip _____
County _____ (Phone) _____ (Alternate) _____
Email _____

Attach a **Brief Business Plan: nature of business, hours of operation, employee size, and distribution area.

Section 2 Type of Business

___ Manufacturer/ Processor ___ Distributor/Warehouse ___ Salvager ___ Copacked ___ Cosmetic

Section 3 Product Information

___ Acidified Foods (pickled)**	___ Egg*	___ Sandwiches
___ Baked Goods	___ Honey	___ Sauces/Condiments
___ Candy/Confections	___ Jams/Jellies*	___ Marinades/Dressings**
___ Catfish***	___ Juice***	___ Seafood***
___ Cheese *	___ LACF**	___ Peanuts
___ Dessert Foods	___ Multiple Food Packages	___ Dry Rubs/Spices
___ Dry/Nonperishable Foods	___ Pasta	___ Other (specify) _____

* These products may require specialized training, licensing, certification and/or analysis to sell and produce.

** Provide a copy of product analysis from a processing authority for shelf stable canned/jarred/bottled products.

Provide a copy of Better Process Control School certification for all acidified and LACF products.

***Provide a copy of HACCP certification for juice and seafood/fish products.

Note: You must notify the South Carolina Department of Agriculture (SCDA) if your firm relocates, goes out-of-business, becomes inactive, manufactures new types of products, or makes any changes that will affect your registration status.

If your product is Co-packed or Co-Bottled by another firm, please provide all pertinent information including Co-packer's name, address, contact name and telephone number, Co-packer's SCDA registration number or out-of-state's permit/license number. (Please use additional sheets, if needed.)

Is your *finished* product(s) sold: Canned Frozen Shelf Stable
 Jarred/Bottled Refrigerated Other (Specify) _____

Section 4 Product Labeling

Please submit a copy of your sample label or proof of your current or proposed label for review. Labels MUST be in compliance with the **Fair Packaging and Labeling Act** AND the **Food Allergen Labeling and Consumer Protection Act**. Please refer to **Our Favorite Product** for Guidance. **ALL email submissions must be in PDF format.**

Section 5 Facility Use (Share kitchen)

SCDA regulated Specialty Food firm using a SC Department of Health and Environmental Control (DHEC) inspected kitchen: The owner/operator of the DHEC kitchen must get approval from their DHEC inspector to allow the use of their kitchen. The owner/operator of the DHEC kitchen **AND** the Specialty Food Manufacturer must submit, in writing, a statement granting the Specialty Food Firm permission to use the DHEC **kitchen during non-operational hours**. The letter must be submitted to SCDA and DHEC prior to manufacturer and sale of product. DHEC, as the primary agency, can refuse permission for the Specialty Food Manufacturer to operate in the DHEC kitchen if in their opinion the operation would adversely impact the operation or maintenance of the DHEC facility.

**Please Submit Permission Letter from DHEC Restaurant Owner/Operator.

Section 6 Signature of Applicant

Submit this application and all requested information to: aculler@scda.sc.gov or SCDA, Food Safety and Compliance, c/o Angie Culler, 123 Ballard Court, W. Columbia SC 29172.

By signing this application, you are confirming that all is accurate and true. Failure to supply all requested information will result in delay in processing application. The Food Safety Officer in your county will arrange an inspection of your facility, process, and product and may request additional information at that time. **Upon a compliant inspection**, you will be registered with the SCDA and will be permitted to produce, distribute and/or sell your product. A registration number and RVC certificate will be issued.

Applicant Name/ Signature

Date

For Official use only

- Compliance inspection Date ___/___/___
- Label(s) reviewed and in compliance
- pH Analysis and Process Schedule
- Certification of Better Processing Control School/HACCP
- Co-packer information verified Date ___/___/___
- Permission Letter Received Date ___/___/___
- Registration Certificate No. _____
- Registration Updated _____

Revised Apr 2013