U.S. FOOD & DRUG ADMINISTRATION
CENTER FOR FOOD SAFETY & APPLIED NUTRITION

Date:11/12/2024 2:27:53

Please review the registration.

Created Date
2024-11-12 00:55:18.0

Created by
deb37917

Registration Expiration Date
2026-12-31

Registration Renewed Date

Last Modified by
FMLS

Last Updated
2024-11-12

Last Modified by Company
STERLING INTERNATIONAL

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: **Foreign Registration**

Initial Registration **17100195172** Pin No **jx6AIH59**

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
STERLING INTERNATIONAL

Telephone Number
091 829 9849939

Facility Name Suffix
Company

Fax Number
091 829 9849939

Facility Street Address, Line 1
H-15, site no 2, Industrial area, Unnao

E-Mail Address
info@sterlingpetco.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)
860459993

City
Kanpur

State/Province/Territory
Uttar Pradesh

Zip Code (Postal Code)

209801

Country/Area

INDIA

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)? Yes

Name

STERLING INTERNATIONAL

Address, Line 1

H-15, site no 2, Industrial area, Unnao

Address, Line 2

City

Kanpur

State/Province/Territory

Uttar Pradesh

Zip Code (Postal Code)

209801

Country/Area

INDIA

Telephone Number

091 829 9849939

Fax Number

091 829 9849939

E-Mail Address

info@sterlingpetco.com

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

STERLING INTERNATIONAL

Company Name Suffix

Company

Address, Line 1

H-15, site no 2, Industrial area, Unnao

Address, Line 2

City

Kanpur

State/Province/Territory

Uttar Pradesh

Zip Code (Postal Code)

209801

Telephone Number

091 829 9849939

Fax Number

091 829 9849939

E-Mail Address

info@sterlingpetco.com

Country/Area

INDIA

Section 5: Facility Emergency Contact Information

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

- (•) Same as Facility Address (Section 2)
- ( ) Same as U.S. Agent Information (Section 7)
- ( ) None of the above

Individual's Title (Optional)

Individual's Name (Optional)

Individual's Middle Name (Optional)

Individual's Last Name (Optional)

Emergency Contact Phone

091 829 9849939

E-Mail Address

info@sterlingpetco.com

Job Title (Optional)

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)

Name

AMERICAN REGULATORY COMPLIANCES INC.

Address, Line 1

21 BRIDLE PATH RD, Ossining

Address, Line 2

E-Mail Address

info@americancompliances.com

Telephone Number

914 3594972 null

Emergency Contact Phone

914 3594972

City

Crotonville

State/Province/Territory

New York

Zip Code (Postal Code)

10562

Country/Area

UNITED STATES

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

☐ Food for Human Consumption	☑ 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)
30.PET FOOD	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐
31.PET TREATS OR PET CHEWS	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐

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: Mritunjy Singh

Address, Line 1
H-15, site no 2, Industrial area, Unnao

Address, Line 2

City
Kanpur

State/Province/Territory
Uttar Pradesh

Zip Code (Postal Code)
209801

Country/Area
INDIA

Telephone Number
091 829 9849939

Fax Number
091 829 9849939

E-Mail Address
info@sterlingpetco.com

U.S. FOOD & DRUG ADMINISTRATION
CENTER FOR FOOD SAFETY & APPLIED NUTRITION

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 FORM: Mritunjy Singh

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
-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-

Telephone Number
-N/A-

Fax Number
-N/A-

E-Mail Address
-N/A-