

FDA | U.S. Food and Drug Administration

Food Facility Registration

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date	Created by
10/25/2020 20:25:08	jan31759
Created Date	Registration Renewed Date
2020-10-23 07:00:23.0	
Registration Expiration Date	
2022-12-31	
Last Updated	
2020-10-25	
Registration Status	
VALID	
Registration Status Reason	
Pending UFI Confirmation	

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

☒ Yes ☐ No

Section 1: Type of Registration

Facility Location : **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION: Registration Number: **18460020540** Pin No **aj4liB65** [Modify Pin](#)

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	Telephone Number
Jangheungfood Agricultural corporation	082 70 7716690
Facility Name Suffix	Fax Number
Company	
Facility Street Address, Line 1	E-Mail Address
Gisangil 49-32, Anyang-meon,	djchun0425@naver.com
Facility Street Address, Line 2	Unique Facility Identifier (UFI)
	689520169
City	
Jangheung-gun	
State/Province/Territory	
Jeonranamdo	
Zip/Postal Code	
59338	
Country/Area	
KOREA, REPUBLIC OF	

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	Telephone Number
Jangheungfood Agricultural corporation	082 70 7716690

Address, Line 1 Gisangil 49-32, Anyang-meon,	Fax Number
Address, Line 2	E-Mail Address djchun0425@naver.com
City Jangheung-gun	
State/Province/Territory Jeonranamdo	
Zip Code (Postal Code) 59338	
Country/Area KOREA, REPUBLIC OF	

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 Jangheungfood Agricultural corporation	Telephone Number 082 70 7716690
Company Name Suffix Company	Fax Number
Address, Line 1 Gisangil 49-32, Anyang-meon,	E-Mail Address djchun0425@naver.com
Address, Line 2	
City Jangheung-gun	
State/Province/Territory Jeonranamdo	
Zip Code (Postal Code) 59338	
Country/Area KOREA, REPUBLIC OF	

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)	Emergency Contact Phone 082 70 7716690
Individual's Name (Optional)	
Individual's Middle Name (Optional)	E-mail Address djchun0425@naver.com
Individual's Last Name (Optional)	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

UNITED CARGO TRANS

Telephone Number

310 9001777

Address, Line 1

1109 E Janis St

Emergency Contact Phone

310 9001777

Address, Line 2

Fax Number

City

Carson

E-Mail Address

kevinlee@unitedcargotrans.com

State/Province/Territory

California

Zip Code (Postal Code)

90746-1306

Country/Area

UNITED STATESSection 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 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

Selected Product Name	Selected Activity Types
15. FOOD ADDITIVES, GENERALLY RECOGNIZED AS SAFE (GRAS) INGREDIENTS, OR OTHER INGREDIENTS USED FOR PROCESSING [21 CFR 170.3 (n) (42); 21 CFR 170.3 (o) (1), (2), (3), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (22), (23), (24), (25), (26), (27), (28), (29), (30), (31), (32)]	Manufacturer / Processor;
37. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE)	Manufacturer / Processor;
If the food categories listed above do not apply, then print the applicable food category or categories.	
Dried fermentated Soybean	

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 - U.S. Agent Address Information**
☐ **None of the above**

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge : JA CHUN JUNG

Address, Line 1 Gisangil 49-32, Anyang-meon,	Telephone Number 082 70 7716690
Address, Line 2	Fax Number
City Jangheung-gun	E-Mail Address djchun0425@naver.com
State/Province/Territory Jeonranamdo	
Zip Code (Postal Code) 59338	
Country/Area KOREA, REPUBLIC OF	

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: SUNAE

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-	Telephone Number -N/A-
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-	