Date:08/18/2026 8:11:22

Please review the registration.

Created Date
2017-03-15 09:26:30.0

Created by
eco25998

Registration Expiration Date
2026-12-31

Registration Renewed Date
2024-10-22

Last Modified by
FMLS

Last Updated
2024-10-22

Last Modified by Company
Ecofrost SA

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 **17730862958** Pin No **8cFi5Bxc**

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
Ecofrost SA

Telephone Number
032 69 362940

Facility Name Suffix
Company

Fax Number
032 69 362941

Facility Street Address, Line 1
Rue de l'Europe 34

E-Mail Address
administration@ecofrost.be

Facility Street Address, Line 2

Unique Facility Identifier (UFI)
372041256

City
Peruwelz

State/Province/Territory
Hainaut

Zip Code (Postal Code)

7600

Country/Area

BELGIUM

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

Ecofrost SA

Address, Line 1

Rue de l'Europe 34

Address, Line 2

City

Peruwelz

State/Province/Territory

Hainaut

Zip Code (Postal Code)

7600

Country/Area

BELGIUM

Telephone Number

032 69 362940

Fax Number

032 69 362941

E-Mail Address

administration@ecofrost.be

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

Ecofrost SA

Company Name Suffix

Company

Address, Line 1

Rue de l'Europe 34

Address, Line 2

City

Peruwelz

State/Province/Territory

Hainaut

Zip Code (Postal Code)

7600

Telephone Number

032 69 362940

Fax Number

032 69 362941

E-Mail Address

administration@ecofrost.be

Country/Area

BELGIUM

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

032 69 362940

E-Mail Address

administration@ecofrost.be

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

AJC International, Inc

Address, Line 1

1000 Abernathy Rd Ste 600

Address, Line 2

E-Mail Address

a.perkins@ajcfood.com

Telephone Number

404 9421466 null

Emergency Contact Phone

404 9421466

City

Atlanta

State/Province/Territory

Georgia

Zip Code (Postal Code)

30328

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

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	**Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)**	**Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)**	**Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)**	**Acidified Food Processor**	**Low-Acid Food Processor**	**Interstate Conveyance Caterer / Catering Point**	**Contract Sterilizer**	**Labeler / Relabeler**	**Manufacturer / Processor**	**Packer / Repacker**	**Salvage Operator (Reconditioner)**	**Farm Mixed-Type Facility**	**Other Activity Conducted (Please Specify)**
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)	☐	☐	☑	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐

If the food categories listed above do not apply, then print the applicable food category or categories.

FROZEN FRENCH FRIES

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: Ecofrost SA

Address, Line 1	Telephone Number
Rue de l'Europe 34	**032 69 362940**

Address, Line 2

Fax Number

032 69 362941

City

Peruwelz

E-Mail Address

administration@ecofrost.be

State/Province/Territory

Hainaut

Zip Code (Postal Code)

7600

Country/Area

BELGIUM

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: Doris Leclercq

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-