




Central Register of Unique Identifiers for Eggs and Egg products

Food Business Details

Proprietor Name:			
Business Trading Name*:			
Business address*:			
Phone*:		Mb:	
Email:			
Postal Address			
Name of person in charge (if different from proprietor):			
Food business category	Producer	Processor	Both
I have attached a copy of my certificate of registration of a food business (section 110(6)) <input type="checkbox"/>			
Unique Identifier*			
<input type="checkbox"/> I have an existing mark. (apply mark in the box or attach)			
<input type="checkbox"/> I do not have an existing mark (One will be allocated to you with the "WA" prefix followed by a number)			

* Details marked with an asterisk (*) may be made publicly available.

Name of applicant: _____

Signature: _____

Date: _____

Return this form to the Food Unit by:

Email: foodsafety@health.wa.gov.au

Mail: PO Box 8172 Perth Business Centre WA 6849