



Date:12/28/2020 2:51:53

Created Date
2019-11-14 07:23:40.0

Registration Expiration Date
2022-12-31

Last Updated
2020-12-28

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 broker, distributor, importer/filer?

Yes No

Do you take physical possession of the food?

Yes No

Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **16474470892** Pin No **jiD37Bbb**

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

Rafine Billurtuz San. A.S.

Facility Name Suffix

Company

Facility Street Address, Line 1

Rafine Billurtuz San. A.S.

Facility Street Address, Line 2

10003 Sok. No:7 I.A.O.S.B.

City

Cigli

State/Province/Territory

Izmir

Telephone Number

090 232 3767515 3521

Fax Number

090 232 3767518

E-Mail Address

export@billurtuz.com.tr

Unique Facility Identifier (UFI)

565622797

Created by
raf73806

Registration Renewed Date
2020-12-28

Registration Status Reason
Initial registration



Zip Code (Postal Code)

35620

Country/Area

TURKEY

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

Rafine Billurtuz San. A.S.

Telephone Number

090 232 3767515 3521

Address, Line 1

Rafine Billurtuz San. A.S.

Fax Number

090 232 3767518

Address, Line 2

10003 Sok. No:7 I.A.O.S.B.

E-Mail Address

export@billurtuz.com.tr

City

Cigli

State/Province/Territory

Izmir

Zip Code (Postal Code)

35620

Country/Area

TURKEY

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

Rafine Billurtuz San. A.S.

Telephone Number

090 232 3767515 3521

Company Name Suffix

Company

Fax Number

090 232 3767518

Address, Line 1

Rafine Billurtuz San. A.S.

E-Mail Address

export@billurtuz.com.tr

Address, Line 2

10003 Sok. No:7 I.A.O.S.B.

City

Cigli

State/Province/Territory

Izmir



Zip Code (Postal Code)

35620

Country/Area

TURKEY

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

090 232 3767515

Individual's Name (Optional)

E-Mail Address

export@billurtuz.com.tr

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (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

Salt Season LLC

Telephone Number

321 2425616

Address, Line 1

5314 MACQUARIE POINT LN

Emergency Contact Phone

321 2425616

Address, Line 2

City

Sugar Land

E-Mail Address

mustafa.tawab@gmail.com

State/Province/Territory

Texas

Zip Code (Postal Code)

77479

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 Process or	Low-Acid Food Process or	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)
30. SPICES, FLAVORS, AND SALTS ^{(21 CFR 170.3 (n))} <small>(26)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: guldem sen

Address, Line 1

Rafine Billurtuz San. A.S.

Address, Line 2

10003 Sok. No:7 I.A.O.S.B.

City

Cigli

State/Province/Territory

Izmir

Telephone Number

090 232 3767515 3521

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090 232 3767518

E-Mail Address

export@billurtuz.com.tr



Zip Code (Postal Code)

35620

Country/Area

TURKEY

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 RENEWAL: Guldem Sen

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	Telephone Number
-N/A-	-N/A-
Address, Line 1	Fax Number
-N/A-	-N/A-
Address, Line 2	E-Mail Address
-N/A-	-N/A-
City	
-N/A-	
State/Province/Territory	
-N/A-	
Zip Code (Postal Code)	
-N/A-	
Country/Area	
-N/A-	