

A confirmation of Prior Notice submission must be sent with all shipments to the USA of food products and beverages.

If you have a Chronopost account, our Prior Notice department will handle the Prior Notice submission required for shipments of food and drink to the USA.

Tel.: +33 1 70 06 05 30  
Fax: +33 1 72 70 51 50  
[priornotice@chronopost.fr](mailto:priornotice@chronopost.fr)

**Prior Notice support**  
Monday to Friday,  
9 am to 1 pm and 2 pm to  
5 pm

## Simply follow these three steps:

### 1 Fill in the attached Prior Notice form.

If you have a large number of products, you can simply send a pro forma invoice, provided that all the required information listed on the form is set out on the invoice, including your Chronopost account number and the parcel shipment number. The following sentence must be added to your invoices: «company name» **“certifies that none of the above-listed products have ever been refused entry to another country”**.



The image shows a 'PRIOR NOTICE SYSTEM INTERFACE' form. It includes logos for the U.S. Food and Drug Administration (FDA) and Chronopost. The form is titled 'Web Entry Summary Confirmation' and contains the following information:

- Envelope Number: F1403000000
- Entry Identifier: 99-700000-0
- Port of Arrival: [blank]
- Number of Intended Prior Notices: 1
- Submitter: Juan Smith, Exporting Company, Address, City, State, Postal Code, Country
- Inspector: John Smith, Address, City, State, Postal Code, UNITED STATES
- Carrier: CHRONOPOST
- Arrival Bill or Tracking Number: 3800000000FR
- PRIOR NOTICES table with columns: ID, Description, Type, Date, and Amount.

Copyright 2003-2013 U.S. Food and Drug Administration  
Prior Notice v2.3.05, August 23, 2013  
February 26, 2014 10:42:00 EST

Example confirmation of Prior Notice submission

### 2 Send the form or the documents by fax to +33 1 72 70 51 50 or by email to [priornotice@chronopost.fr](mailto:priornotice@chronopost.fr)

### 3 Enclose the confirmation of Prior Notice submission with the other transport documents and your parcel

The **confirmation of Prior Notice submission** will be sent to you by email no later than two hours after your request, provided that all necessary information has been filled in. This document must therefore be printed out and enclosed with the other transport documents sent with the parcel.

Chronopost sends a monthly invoice to the account holder, corresponding to €6.80 excl. tax per Prior Notice document issued, which must be paid according to the conditions set out in the contract.

Fill in one form per shipment and send it to [priornotice@chronopost.fr](mailto:priornotice@chronopost.fr) or by fax to +33 172 70 51 50

## Sender information

Name of sender or company ..... Chronopost account No. (mandatory).....  
 Address..... Town or city .....  
 Post code/ZIP code ..... Country ..... FDA registration No. (11 characters) .....  
 Contact person..... Email .....  
 Telephone ..... Fax.....

## Recipient information

Name of sender or company..... FDA registration No. (11 characters) .....  
 Address..... Town or city .....  
 State ..... Post code/ZIP code ..... Country .....  
 Contact person..... Email .....  
 Telephone ..... Fax.....

## Storage address on arrival in the USA (leave blank if identical to the recipient's address)

Warehouse name..... FDA registration No. (11 characters) .....  
 Address.....  
 Town or city ..... State ..... Post code/ZIP code.....

## Transport information

Shipment tracking number (mandatory) .....  
 Reason for shipment    Commercial    Analysis    Other

Product name <small>(use the additional list on the next page if shipping more than three products)</small>	Number of items	Net weight or volume per item	Manufacturer: name, address & registration No. <small>(leave blank if the manufacturer is the sender)</small>

Have the products listed above ever been refused entry to another country?    Yes    No  
 If yes, indicate the product and country concerned

Your signature below confirms and guarantees that the information declared above is accurate, truthful, genuine and current, and that it will be updated if necessary; you also authorise Chronopost employees to submit the above information to the US Food and Drug Administration or to any other legally authorised organisation.

Signature ..... Job title .....

Fill in this list for additional products, and send the whole form to [priornotice@chronopost.fr](mailto:priornotice@chronopost.fr) or by fax to +33 172 70 5150

**Shipment information (sender)**

Name of sender or company .....

Shipment tracking number (mandatory) .....

Product name	Number of items	Net weight or volume per item	Manufacturer: name, address & registration No. <small>(leave blank if the manufacturer is the sender)</small>

Have the products listed above ever been refused entry to another country?    Yes    No

If yes, indicate the product and country concerned

Your signature below confirms and guarantees that the information declared above is accurate, truthful, genuine and current, and that it will be updated if necessary; you also authorise Chronopost employees to submit the above information to the US Food and Drug Administration or to any other legally authorised organisation.

Signature ..... Job title .....