

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

01/08/2025 4:53:31

Created by

dea1306

Created Date

2015-01-21 09:52:13.0

Registration Renewed Date

2024-10-07

Registration Expiration Date

2026-12-31

Last Updated

2024-10-07

Registration Status

VALID

Registration Status Reason

Biennial Registration Renewal - 2024

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**

UPDATE OF REGISTRATION INFORMATION: *Registration Number:* **15252260976** Pin No **3a8dDAcF** [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

Dead Sea Periclase

Telephone Number

972 8 6566168

Facility Name Suffix

Company

Fax Number

972 8 6554816

Facility Street Address, Line 1

Mishor Rotem D.N arava

E-Mail Address

miri.novak@icl-group.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

625912417

City

HaDarom

State/Province/Territory

Southern

Zip/Postal Code

8680600

Country/Area

ISRAEL**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

Dead Sea Periclase

Telephone Number

972 8 6566168

Address, Line 1

Mishor Rotem D.N arava

Fax Number

972 8 6554816

Address, Line 2

E-Mail Address

miri.novak@icl-group.com

City

HaDarom

State/Province/Territory

Southern

Zip Code (Postal Code)

8680600

Country/Area

ISRAEL

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

Dead Sea Bromine Company Ltd.

Telephone Number

972 8 6297809

Company Name Suffix

Company

Fax Number

972 8 6297832

Address, Line 1

Kroitzer 12 street

E-Mail Address

yifat.cohen@icl-group.com

Address, Line 2

City

Beer-Sheva

State/Province/Territory

Southern

Zip Code (Postal Code)

8410101

Country/Area

ISRAEL

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*)

Other

Emergency Contact Phone

001 314 9144554

Individual's Title Other

Regulatory Affairs Specialist

E-mail Address

michael.huber@icl-group.com

Individual's Name (*Optional*)

Michael

Job Title (*Optional*)

Individual's Middle Name (*Optional*)

Individual's Last Name (*Optional*)

Huber

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)

First Name

Michael

Telephone Number

314 9184927

Middle Name *(Optional)*

Emergency Contact Phone

314 9144554

Last Name

Huber

Fax Number

314 9180117

Title *(Optional)*

Regulatory Affairs Specialist

E-Mail Address

michael.huber@icl-group.com

Address, Line 1

373 Marshall Ave

Address, Line 2

City

Webster Groves

State/Province/Territory

Missouri

Zip Code (Postal Code)

63119-1831

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;

Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility

Selected Product Name	Selected Activity Types
19. MINERALS OR MINERAL PRODUCTS	Animal food manufacturer / Processor;
32. PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)	Animal food manufacturer / Processor;

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 : Michael Huber

Address, Line 1

373 Marshall Ave

Telephone Number

001 314 9184927

Address, Line 2

Fax Number

001 314 9180117

City

Webster Groves

E-Mail Address

michael.huber@icl-group.com

State/Province/Territory

Missouri

Zip Code (Postal Code)

63119

Country/Area

UNITED STATES

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: Yifat Cohen

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-