



Date:01/08/2025 11:11:22

Created Date

2017-02-16 13:48:01.0

Registration Expiration Date

2026-12-31

Last Updated

2025-01-08

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

UPDATE OF REGISTRATION INFORMATION:

Registration Number: 15531349924 Pin No eh7dx532

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

Industria Del Alkali S.A. De C.V.

Facility Name Suffix

Corporation

Facility Street Address, Line 1

Carretera a Garcia Km. 9

Facility Street Address, Line 2

Col. Garcia

City

Garcia

State/Province/Territory

Nuevo Leon

Zip Code (Postal Code)

66000

Telephone Number

052 81 88632668

Fax Number

052 81 88632698

E-Mail Address

ctorres@vitro.com

Unique Facility Identifier (UFI)



Country/Area

**MEXICO**

### 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

**Industria Del Alkali S.A. De C.V.**

Telephone Number

**052 81 88632668**

Address, Line 1

**Carretera a Garcia Km. 9**

Fax Number

**052 81 88632698**

Address, Line 2

**Col. Garcia**

E-Mail Address

**ctorres@vitro.com**

City

**Garcia**

State/Province/Territory

**Nuevo Leon**

Zip Code (Postal Code)

**66000**

Country/Area

**MEXICO**

### 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

**Industria Del Alkali S.A. De C.V.**

Telephone Number

**052 81 88632668**

Company Name Suffix

**Corporation**

Fax Number

**052 81 88632698**

Address, Line 1

**Carretera a Garcia Km. 9**

E-Mail Address

**ctorres@vitro.com**

Address, Line 2

**Col. Garcia**

City

**Garcia**

State/Province/Territory

**Nuevo Leon**

Zip Code (Postal Code)

**66000**



Country/Area

**MEXICO**

## 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

**001 956 4015913**

Individual's Name (Optional)

E-Mail Address

**Vitro Chemicals Fibers & Mining LLC.**

**twest@vitro.com**

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

Telephone Number

**Vitro Chemicals Fibers & Mining LLC.**

**956 7041151**

Address, Line 1

Emergency Contact Phone

**216 W Village Blvd Ste 102**

**956 4015913**

Address, Line 2

Fax Number

**956 4431000**

City

E-Mail Address

**Laredo**

**twest@vitro.com**

State/Province/Territory

**Texas**

Zip Code (Postal Code)

**78041**

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  
**January**

End Month  
**December**

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)
12. DIETARY SUPPLEMENT CATEGORIES													
b. Vitamins and Minerals	<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"/>
c. Animal By-Products and Extracts	<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"/>
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES <sup>[21 CFR 170.3 (n) (19), (36)]</sup>													
c. Other Vegetable and Vegetable Products	<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"/>
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)	<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"/>
If the food categories listed above do not apply, then print the applicable food category or categories.													
We manufacture Calcium Chloride, Sodium Bicarbonate and Sodium Carbonate, which are ingredients used in the food and pharmaceutical industries.													



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

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please Specify)
8.CHEMICAL PRESERVATIVES	<input checked="" type="checkbox"/>	<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 type="checkbox"/>
19.MINERALS OR MINERAL PRODUCTS	<input checked="" type="checkbox"/>	<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 type="checkbox"/>
33.IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE)	<input checked="" type="checkbox"/>	<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 type="checkbox"/>
If the food categories listed above do not apply, then print the applicable food category or categories.										
We manufacture Calcium Chloride, Sodium Bicarbonate and Sodium Carbonate, which are ingredients used in the feed industry.										

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: Claudia Torres

Address, Line 1	Telephone Number
216 W Village Blvd Ste 102	001 956 7041151
Address, Line 2	Fax Number
	001 956 4431000



City	E-Mail Address
Laredo	twest@vitro.com
State/Province/Territory	
Texas	
Zip Code (Postal Code)	
78041	
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: Claudia Torres

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-	