Date:10/02/2025 9:57:12

Please review the registration.

Created Date
2025-10-02 09:31:43.0

Created by
rob5048

Registration Expiration Date
2026-12-31

Registration Renewed Date

Last Modified by
FMLS

Last Updated
2025-10-02

Last Modified by Company
INTERNATIONAL SYSTEMS AND EQUIPMENT

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**

Initial Registration **18361743026** Pin No **EdcIf964**

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
INTERNATIONAL SYSTEMS AND EQUIPMENT

Telephone Number
353 087 2132048

Facility Name Suffix
Limited

Fax Number

Facility Street Address, Line 1
Hebron Industrial Estate

E-Mail Address
tracey@mower.ie

Facility Street Address, Line 2
Unit 6 Hebron Road

Unique Facility Identifier (UFI)
986786184

City
KILKENNY

State/Province/Territory
None of the above

Zip Code (Postal Code)

R95 XE19

Country/Area

IRELAND

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

INTERNATIONAL SYSTEMS AND EQUIPMENT

Telephone Number

353 087 2132048

Address, Line 1

Hebron Industrial Estate

Fax Number

Address, Line 2

Unit 6 Hebron Road

E-Mail Address

tracey@mower.ie

City

KILKENNY

State/Province/Territory

None of the above

Zip Code (Postal Code)

R95 XE19

Country/Area

IRELAND

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

INTERNATIONAL SYSTEMS AND EQUIPMENT

Telephone Number

353 087 2132048

Company Name Suffix

Limited

Fax Number

Address, Line 1

Hebron Industrial Estate

E-Mail Address

tracey@mower.ie

Address, Line 2

Unit 6 Hebron Road

City

KILKENNY

State/Province/Territory

Zip Code (Postal Code)

R95 XE19

Country/Area

IRELAND

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

353 879 484360

Individual's Name (Optional)

BRIAN

E-Mail Address

brian@chainsaw.ie

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

BUGGY

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

Alternate Trade Name #1: **ISE Forest and Garden Equipment**

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

Jennifer

Telephone Number

202 4493739 715

Middle Name (Optional)

Emergency Contact Phone

202 4493739

Last Name

Wright

Fax Number

Title (Optional)

E-Mail Address

fda@bevlaw.com

Address, Line 1

2911 Hunter Mill Rd Ste 303

Address, Line 2

City

Oakton

State/Province/Territory

Virginia

Zip Code (Postal Code)

22124

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 Processor	Low-Acid Food Processor	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)
5.CANDY WITHOUT CHOCOLATE, CANDY SPECIALTIES AND CHEWING GUM[21 CFR 170.3 (n) (6), (9), (25), (38)]	☑	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐
8.CHOCOLATE AND COCOA PRODUCTS[21 CFR 170.3 (n) (3), (9), (38), (43)]	☑	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐
9.COFFEE AND TEA[21 CFR 170.3 (n) (3), (7)]	☑	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐

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 Processor	Low-Acid Food Processor	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)
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)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐
If the food categories listed above do not apply, then print the applicable food category or categories.													
confectionary foods e.g. potato chips													

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: Tracey Kelly

Address, Line 1
Hebron Industrial Estate

Address, Line 2
Unit 6 Hebron Road

City
KILKENNY

State/Province/Territory
None of the above

Telephone Number
353 087 2132048

Fax Number

E-Mail Address
tracey@mower.ie

Zip Code (Postal Code)

R95 XE19

Country/Area

IRELAND

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: Jennifer Wright

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-

Address, Line 1

-N/A-

Address, Line 2

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-

Telephone Number

-N/A-

Fax Number

-N/A-

E-Mail Address

-N/A-