



**APPLICATION FOR DAIRY PLANT MANUFACTURER  
CERTIFICATE OF FREE SALE**

**PART I**

<b>1.Applicant Contact Information (Required):</b>			
Contact Name	Company Name	Telephone Number	Email Address
Address (number, street)	City	State	ZIP Code
<b>2.Pennsylvania Manufacturer's Information (Required):</b>			
PA Dept. of Agriculture Milk Permit/Facility ID Number		Manufacturer name and FIPS/Plant Number	
Address (number, street)	City	State <b>PA</b>	ZIP code
<b>3. Issue Certificate in the name of (Requestor/Company):</b>			
<b>4. Certificate Title (Required):</b> <input type="checkbox"/> CFS <input type="checkbox"/> LOC <input type="checkbox"/> COFS,S,P <input type="checkbox"/> COFS,S, P,O OTHER _____			
<b>Certificate Title</b>	<b>English or Spanish</b>	<b>No. of Certificates</b>	<b>Destination Country(ies)</b>
<b>5. If not requesting the standard online sample, please attach a sample for review. (Approval is required by Chief, Division of Food Safety Policy &amp; Programs)</b>			
<b>6. Please list a maximum of 10 product names per Certificate. For products in excess of 10, a separate application and fee is required.</b>			
<b>6. Are separate Certificates required for each product?</b> <span style="float:right;">Yes      No</span>			
<b>7. Send Certificate to:</b>		<b>Other (Note name and address)</b>	
<b>Mailing Instructions:</b>		<b>U.S. Mail</b>	
UPS		U.S. Mail	
<i>Unless otherwise indicated, Certificates will be mailed via U.S. Mail. For UPS, provide a prepaid printed shipping label.</i>			



**PART II**

**8. This portion of your application will serve as an Official Invoice upon receipt of your Certificates. If any changes were made please see the comments section.**

<u>Certificates Requested</u>	<u>Number of Certificates</u>		<u>Fee (per Certificate)</u>		<u>TOTAL</u>
Certificate of Free Sale, Letter of Certification, Certificate of Free Sale, Sanitary, Purity, Certificate of Free Sale, Sanitary, Purity, Origin		X	\$30.00	=	
Additional Flat Surcharge Fee (please check)			\$30.00		
Additional Flat Rush Fee (please check)			\$30.00		
<b>TOTAL FEE</b>					
<b>Signature</b>	<b>Title</b>		<b>Date</b>		
<i>ADMINISTRATIVE SECTION ONLY PLEASE DO NOT WRITE BELOW THIS LINE</i>					
<i>COMMENTS:</i>					
<b>Date Received</b>	<b>Payment Number</b>	<b>Invoice Amount</b>	<b>Reviewer</b>	<b>Mailed Date</b>	<b>Date Denied</b>

Please include your payment for the **Invoice Amount** above, along with this form. Note the **Invoice Number** on your method of payment. Payments not received within 30 days of the **Mailed Date** above will result in non-processing of future Certificates. All fees are non-refundable.

Make Check or Money order Payable to Commonwealth of PA  
PLEASE RETURN COMPLETD FORM TO:  
Bureau of Food Safety & Laboratory Services  
2301 N Cameron St., Room 112  
Harrisburg, PA 1711