



**APPLICATION FOR VITAMIN & DIETARY SUPPLEMENTS  
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 Food License/Registration number		Manufacturer name	
Address (number, street)	City	State PA	ZIP code

**3. Issue Certificate in the name of (Requestor/Company):**

**4. Certificate Title (Required):**  CFS  COH  COH&FS  GMP  COO  OTHER \_\_\_\_\_

Certificate Title	English or Spanish	No. of Certificates	Destination Country(ies)

**5. If not requesting the standard online sample, please attach a sample for review.  
(Approval is required by Chief, Division of Food Safety Policy & Programs)**

**6. Please list a maximum of 10 product names per Certificate. For products in excess of 10, a separate application and fee is required.**


**6. Are separate Certificates required for each product?**  Yes  No

**7. Send Certificate to:**  Applicant  Other (Note name and address) \_\_\_\_\_

**Mailing Instructions:**  UPS  U.S. Mail

*Unless otherwise indicated, Certificates will be mailed via U.S. Mail. For UPS, provide a prepaid printed shipping label.*



# pennsylvania

DEPARTMENT OF AGRICULTURE

Bureau of Food Safety and Laboratory Services

## 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 applicant comments section.

**Processing time is 6-14 business days and Rush service is 2-5 business days.**

<u>Certificates Requested</u>	<u>Number of Certificate</u>	<u>Fee (per Certificate)</u>	<u>TOTAL</u>		
Certificate of Free Sale, Certificate of Health, Certificate of Good Manufacturing Practices, Certificate of Origin, Certificate of Health & Free Sale, Certificate of Sanitation	X	\$50.00	=		
Additional Flat Surcharge Fee (please check)		\$30.00			
Additional Flat Rush Fee (please check) <b>Must attach Shipping Label</b>		\$30.00			
<b>TOTAL FEE</b>					
<b>Signature</b>	<b>Title</b>	<b>Date</b>			
APPLICANT COMMENTS:					
ADMINISTRATIVE SECTION ONLY PLEASE DO NOT WRITE BELOW THIS LINE					
COMMENTS:					
<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 17110