



The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health Food Protection Program
305 South Street, Jamaica Plain, MA 02130-3597
617-983-6712 617-524-8062 - Fax

Food Export/Certificate of Free Sale Application

Return To: Food Protection Program, 305 South St., Jamaica Plain, MA 02130

Provide Check or Money Order Number:

1. Food Manufacturer's Information:

Manufacturer's Name _____ MA- _____
 MA Registration Number

Doing Business as Name (if other than above, and you wish this name to
 appear on the export certificate) _____ Contact Person's Name _____

Street Address _____ Contact's Phone Number _____ Fax Number _____

City _____ State _____ Zip _____ Country _____ Contact's Email Address (**mandatory**) _____

2. Exporting Company's Information: (if applicable)

Exporting Company's Name _____ State License/Registration Number _____

Street Address _____

City _____ State _____ Zip _____ Country _____ Contact Person _____

Contact's Phone Number _____ Fax Number _____ Contact's Email Address _____

3. Notarization Required? Yes No

4. Product Description: _____
Continue on additional page(s) as needed.

5. Send Certificate to: Manufacturer Exporter

6. Send Certificate via: _____

For expedited certificate(s), please provide a pre-paid Fedex, UPS label, or envelope with this application. Please allow 21 days for processing.

7. Fees: Quantity of Certificates Requested _____ x \$ 75.00 = \$ _____ (Total)

Attach a check made payable to the **Commonwealth of Massachusetts** and mail to the above address.

8. **Signature:** The undersigned verifies that all ingredients are approved for use by the USFDA or appear on the GRAS list, and each product is intended for human consumption and available for sale in the U.S. without restriction. I hereby certify that the above information is true to the best of my knowledge and that I will comply with all applicable laws and regulations of the Commonwealth of Massachusetts and the Department of Public Health pertaining to the activity for which I am applying. In addition, pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

_____/_____/_____
 Signature Title Date Tax or Federal ID#