



Pennsylvania
Department of Agriculture

Bureau of Food Safety and Laboratory Services

APPLICATION FOR VITAMIN & DIETARY SUPPLEMENTS
CERTIFICATE OF FREE SALE

PART I

Remit application to: RA-AGPACERTOFFREESAL@PA.GOV

1.Applicant Contact Information (Required):			
Contact Name	Company Name	Telephone Number	Email Address
Address (number, street)	City	State	ZIP Code
2.Pennsylvania Manufacturer's Information(Required):			
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): <input type="checkbox"/> CFS <input type="checkbox"/> COH <input type="checkbox"/> COH&FS <input type="checkbox"/> GMP <input type="checkbox"/> COO <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Send Certificate to: <input type="checkbox"/> Applicant <input type="checkbox"/> Other (Note name and address)			

Mailing Instructions: <input type="checkbox"/> UPS <input type="checkbox"/> U.S. Mail			
<i>Unless otherwise indicated, Certificates will be mailed via U.S. Mail. For UPS, provide a prepaid printed shipping label.</i>			



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) Must attach Shipping Label		\$30.00			
TOTAL FEE					
Signature	Title	Date			
<i>APPLICANT COMMENTS:</i>					
<i>ADMINISTRATIVE SECTION ONLY PLEASE DO NOT WRITE BELOW THIS LINE</i>					
<i>COMMENTS:</i>					
Date Received	Payment Number	Invoice Amount	Reviewer	Mailed Date	Date Denied

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