

## **Illinois Department of Public Health** **Certificate of Free Sale Program Overview**

The Illinois Department of Public Health (IDPH) shall only approve issuance of a Certificate of Free Sale for items that are from Illinois food and dairy manufacturers, processors, packers, warehouses or Illinois single-service container manufacturers **that are inspected, surveyed, permitted or licensed by the Department.**

Medical equipment, devices, drugs, cosmetics, vitamins, dietary supplements, animal products, and other non-food items are not inspected by the Department and therefore, shall not be issued a Certificate of Free Sale from the Department. The Department will not issue a Certificate of Free Sale for items from facilities that are only headquartered in Illinois where there is no manufacturing, processing, packing or warehousing.

The Certificate of Free Sale covers only existing conditions of the items and shall not be interpreted as a guarantee, explicit or implied, for all items of the said company at all times in the future. The issuance of a Certificate of Free Sale does not preclude the Department from taking regulatory action against such items in the future, if action is warranted.

### **Program preparation guideline requirements**

- 1.** **Submit ONLY one** completed request form per mailed request package **regardless of the number of certificates needed.** A request form is not required per certificate. This form shall serve as the cover letter to the Department. DO NOT include an additional letter to IDPH.
- 2.** **Complete the fillable template.** Upon completion **print in color** the 8.5 X 11 landscape document and submit as instructed.
  - a. Prepare the certificate wording using the fillable template. You are only allowed to personalize these designated areas. The company plant's complete address is required. (*number, street and city*)
  - b. Maximum (5) five products listing descriptive name only. (*NO lot #s, expiration dates, shipment amounts, or other shipment details allowed*)
  - c. Correct number of certificates printed. We no longer make copies. (If 17 certificates are needed, print 17 for signature)
- 3.** If a Spanish Certificate version is required, the Spanish template is available on the Department website or upon request. All other language versions shall be available upon request and for an additional charge.
- 4.** Enclose the required \$10 PER CERTIFICATE fee using a check or money order payable to the Illinois Department of Public Health.
- 5.** Enclose a stamped, pre-addressed return envelope or completed express label with your account number for the return of requested certificate(s).

**Questions shall be directed to [dph.freesale@illinois.gov](mailto:dph.freesale@illinois.gov).**  
**Allow a minimum of 2 weeks for IDPH to process all requests.**

*When a Certificate of Authority or Apostille is needed, include the requirements for the Secretary of State, Index Department along with your Free Sale request. Provide an additional forwarding mail method to the Secretary of State, Index Department. Your completed your request will be forwarded to them. Please visit <http://www.cyberdriveillinois.com/departments/index/apostilles.html> for their rules and guidelines.*

## CERTIFICATE OF FREE SALE REQUEST FORM

Company Name
Company Address (or Addresses)
IDPH Issued ID # (or ID #'s)
Company Contact
Contact Telephone
Contact E-Mail

Total number of certificates requested \_\_\_\_\_ X \$10 total amount submit \$ \_\_\_\_\_

Submission for request shall include all the following:

- 1. One request form with all blanks properly completed.** Companies requesting for multiple plants may place all addresses and ID's on a single request form.
  
- 2. Certificate template(s) (*printed in color*) 8.5 X 11 landscape orientation.**
  - d. Full company plant address required (*number, street, city*)
  - e. Five (5) product maximum listing (*name only - NO lot #s or expiration dates allowed*)
  - f. Correct number of certificates provided (*If 17 are needed, print 17 to send*)  
**No** copies will be made.
  
- 3. Correct Total Fee Amount (# certificates X \$10).** Single check or money order made out to Illinois Department of Public Health.
  
- 4. Return mail method.** (*pre-addressed stamped envelope or completed airbill with company's account number*)

**Mail to:** Export Program Officer  
Illinois Department of Public Health  
Division of Food, Drugs and Dairies  
525 W. Jefferson St.  
Springfield, IL 62761

Request received:

Certificate mailed:  
(Department use only)