



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 617-983-6770 - Fax

**Food Export/Certificate of Free Sale Application**

**1. Food Manufacturer's Information:**

Manufacturer's Name				State License/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 and Fax Numbers
City	State	Zip	Country	Contact's Email Address

**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 and Fax Numbers				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:** \_\_\_\_\_  
Carrier Name (US Mail/UPS/FEDEX)                      Account Number/Expiration Date

**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#
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