



REQUEST FOR CERTIFICATE OF FREE SALE DOCUMENTS

CERTIFICATE OF FREE SALE PREPARATION GUIDELINES

The Illinois Department of Public Health (IDPH), Division of Food, Drugs and Dairies, validates certificates of free sale for firms involved in the foreign export of products manufactured in, or distributed from, the state of Illinois. Certificates of free sale verify products being exported are freely marketed in the state of Illinois and the United States.

Certificates of free sale will be processed on a first-in, first-out basis provided the request is complete and accurate. The certificate must be prepared on plain white paper using a format from one of the attached samples. The wording shown in the samples, *substituting your company name, address and products*, must be used. If a change in the sample wording is needed, prior approval is required and may cause delays. Please proof your retyped certificate for accuracy.

The Illinois Department of Public Health will charge a nonrefundable fee of \$10 (U.S.) per certificate.

Expect a minimum of two weeks for this request to be processed. Certificates will no longer be faxed upon completion, nor will copies of the original be made and provided for backup. If copies are needed, the receiving company may make them or additional originals may be purchased. Note the following pertinent information needed to successfully complete your request:

1. **Submit only one** completed request form with per request packet. A form is not required per certificate.
2. Provide the certificate wording with your correct information. When a certificate is prepared in a foreign language, an exact English language translation must be provided and labeled as TRANSLATION.
3. Provide a copy of a recently paid invoice to substantiate that the products are freely sold in the state of Illinois. If current invoices are not available, identity statements for the product may be supplied. These may include labels, spec sheets, etc.
4. Companies doing **large volumes** of exporting may choose to provide a current product catalog that includes product identity statements to have on file with IDPH. This would eliminate the necessity of providing statements with each and every certificate request.
5. Certificates are notarized by a certified state of Illinois notary public. Please provide appropriate notarial blanks at the bottom of the certificate. Format for the notarial blanks must follow the examples given. The correct full year must be typed (e.g, 2009) or the notary public will refuse to sign the certificate.
6. Enclose a stamped, pre-addressed return envelope or completed express label with your account number for the return of the certificate(s) to your firm.
7. **In addition to notarization**, if a certificate of authority is required for the signing notary public, (a statement that the notary public is registered in said county), or an Apostille is required, include a cover letter and a check (\$2 per certificate) payable to the "Secretary of State."

Secretary of State, Index Department
111 E. Monroe St.
Springfield, IL 62756
217-558-4561

8. When a certificate of authority is required, an additional stamped envelope or express label addressed to one of the above agencies is needed. Upon completion of the certificate of authority, both certificates shall be mailed back using the provided return envelope or express label.

9. **Please note additional time will be necessary if certificates of authority are requested.**

Certificates submitted with incomplete or incorrect information will not be processed and will be returned for the necessary corrections. If there are any questions, please contact 217-785-2439 or you may e-mail DPH.Mailus@illinois.gov.

Mail request to:
Product Evaluation Officer
Illinois Department of Public Health
Division of Food, Drugs and Dairies
525 W. Jefferson St.
Springfield, IL 62761



REQUEST FOR CERTIFICATE OF FREE SALE DOCUMENTS

USE BLACK INK; PLEASE PRINT OR TYPE

COMPANY NAME	COMPANY HEADQUARTERS ADDRESS
COMPANY'S ILLINOIS ADDRESS (if different)	CONTACT PERSON'S NAME
TELEPHONE	FAX
E-MAIL (if available)	FOR EXPORT TO (List ALL countries)

The above company hereby requests _____ certificate(s) **X** \$10 (U.S.) per certificate for a total processing fee of \$ _____
(number) (amount)

Please check corresponding boxes next to what is enclosed with this request form.

ENCLOSURES

- Payment of **\$10 per certificate** with check or money order made payable to the Illinois Department of Public Health
- Certificate wording formatted properly on PLAIN white paper
- Identity statements or recent invoice for products listed on the certificate
- Catalog filed with department for large exporters only
- English translation of certificate LABELED AS TRANSLATION (required if prepared in a foreign language)

RETURN MAIL METHOD (Provide one)

- Stamped, pre-addressed return envelope
- Completed express label - carrier _____ TRACKING# _____

IF CERTIFICATE OF AUTHORITY or APOSTILLE IS REQUIRED PROVIDE THE FOLLOWING AS WELL.

- Payment of \$2 per certificate made payable to the Secretary of State
- Stamped envelope or express label addressed to:

Secretary of State, Index Department
111 E. Monroe St.
Springfield, IL 62701

**Direct all questions about this request form to
217-785-2439**

SPACE BELOW FOR VALIDATION USE ONLY

Date Received

(Department use only)

CERTIFICATE OF FREE SALE

TO WHOM IT MAY CONCERN:

This is to certify that the product(s) listed below is (are) manufactured or distributed by (PLACE FULL COMPANY NAME AND FULL ADDRESS), Illinois,U.S.A., and is (are) on sale and freely available within the state of Illinois and other states of the United States of America:

(LIST PRODUCTS HERE)

*(If product list is long and causes certificate to be multiple pages, state "See attached pages 1 through ____.
Attached pages shall be numbered to insure accuracy)*

This certificate covers only currently existing conditions and should not be interpreted as a guarantee, explicit or implied, for all products of the said company at all times in the future; neither should it be used for advertising purposes.

Kevin Dreesman, M.S., L.E.H.P., R.E.H.S
Product Evaluation Officer
Division of Food, Drugs and Dairies
Department of Public Health
State of Illinois
United States of America

STATE OF ILLINOIS

) SS

COUNTY OF SANGAMON

Subscribed and sworn before me this _____ day of _____, 2009.

NOTARY PUBLIC

CERTIFICATE OF FREE SALE

TO WHOM IT MAY CONCERN:

This is to certify that (PLACE NAME OF COMPANY HERE) operates a FOOD products manufacturing plant located in (PLACE FULL ADDRESS, CITY, and STATE HERE), U.S.A., in which among other items, the following products are processed:

(LIST PRODUCTS HERE)

*(If product list is long and causes certificate to be multiple pages, state "See attached pages 1 through ____.
Attached pages shall be numbered to insure accuracy)*

These products are freely sold within Illinois and other states of the United States.

In processing these products and shipping and distributing them in the United States, the (PLACE FULL COMPANY NAME HERE) is subject to the statutes and regulations of the Illinois Food, Drug and Cosmetic Act enforced by the Illinois Department of Public Health, and said company is subject to the jurisdiction of this agency. As of the current date, no violations of the above mentioned regulations or statutes requiring legal action have been found by this agency.

This certificate covers only currently existing conditions and should not be interpreted as a guarantee, explicit or implied, for all products of the said company at all times in the future; neither should it be used for advertising purposes.

Kevin Dreesman, M.S., L.E.H.P., R.E.H.S
Product Evaluation Officer
Division of Food, Drugs and Dairies
Department of Public Health
State of Illinois
United States of America

STATE OF ILLINOIS

) SS

COUNTY OF SANGAMON

Subscribed and sworn before me this _____ day of _____, 2009.

NOTARY PUBLIC

CERTIFICATE OF FREE SALE

TO WHOM IT MAY CONCERN:

This is to certify that (PLACE NAME OF COMPANY HERE) operates a DAIRY products manufacturing plant located in (PLACE FULL ADDRESS, CITY, and STATE HERE), U.S.A., in which among other items, the following products are processed:

(LIST PRODUCTS HERE)

*(If product list is long and causes certificate to be multiple pages, state "See attached pages 1 through ____.
Attached pages shall be numbered to insure accuracy)*

These products are freely sold within Illinois and other states of the United States.

In processing these products and shipping and distributing them in the United States, the (PLACE FULL COMPANY NAME HERE) is subject to the statutes and regulations of the Illinois Food, Drug and Cosmetic Act enforced by the Illinois Department of Public Health, and said company is subject to the jurisdiction of this agency. As of the current date, no violations of the above mentioned regulations or statutes requiring legal action have been found by this agency.

This certificate covers only currently existing conditions and should not be interpreted as a guarantee, explicit or implied, for all products of the said company at all times in the future; neither should it be used for advertising purposes.

Kevin Dreesman, M.S., L.E.H.P., R.E.H.S
Product Evaluation Officer
Division of Food, Drugs and Dairies
Department of Public Health
State of Illinois
United States of America

STATE OF ILLINOIS

) SS

COUNTY OF SANGAMON

Subscribed and sworn before me this _____ day of _____, 2009.

NOTARY PUBLIC

CERTIFICATE OF FREE SALE

TO WHOM IT MAY CONCERN:

This is to certify that (PLACE NAME OF COMPANY HERE) operates a DRUG products manufacturing plant located in (PLACE FULL ADDRESS, CITY, and STATE HERE), U.S.A., in which among other items, the following products are processed:

(LIST PRODUCTS HERE)

*(If product list is long and causes certificate to be multiple pages, state "See attached pages 1 through ____.
Attached pages shall be numbered to insure accuracy.)*

These products are freely sold within Illinois and other states of the United States.

In processing these products and shipping and distributing them in the United States, the (PLACE FULL COMPANY NAME HERE) is subject to the statutes and regulations of the Illinois Food, Drug and Cosmetic Act enforced by the Illinois Department of Public Health, and said company is subject to the jurisdiction of this agency. As of the current date, no violations of the above mentioned regulations or statutes requiring legal action have been found by this agency.

This certificate covers only currently existing conditions and should not be interpreted as a guarantee, explicit or implied, for all products of the said company at all times in the future; neither should it be used for advertising purposes.

Kevin Dreesman, M.S., L.E.H.P., R.E.H.S
Product Evaluation Officer
Division of Food, Drugs and Dairies
Department of Public Health
State of Illinois
United States of America

STATE OF ILLINOIS

) SS

COUNTY OF SANGAMON

Subscribed and sworn before me this _____ day of _____, 2009.

NOTARY PUBLIC

CERTIFICATE OF FREE SALE

TO WHOM IT MAY CONCERN:

This is to certify that (PLACE NAME OF COMPANY HERE) operates a MEDICAL DEVICE manufacturing plant located in (PLACE FULL ADDRESS, CITY, and STATE HERE), U.S.A., in which among other items, the following products are processed:

(LIST PRODUCTS HERE)

*(If product list is long and causes certificate to be multiple pages, state "See attached pages 1 through ____.
Attached pages shall be numbered to insure accuracy)*

These products are freely sold within Illinois and other states of the United States.

In processing these products and shipping and distributing them in the United States, the (PLACE FULL COMPANY NAME HERE) is subject to the statutes and regulations of the Illinois Food, Drug and Cosmetic Act enforced by the Illinois Department of Public Health, and said company is subject to the jurisdiction of this agency. As of the current date, no violations of the above mentioned regulations or statutes requiring legal action have been found by this agency.

This certificate covers only currently existing conditions and should not be interpreted as a guarantee, explicit or implied, for all products of the said company at all times in the future; neither should it be used for advertising purposes.

Kevin Dreesman, M.S., L.E.H.P., R.E.H.S
Product Evaluation Officer
Division of Food, Drugs and Dairies
Department of Public Health
State of Illinois
United States of America

STATE OF ILLINOIS

) SS

COUNTY OF SANGAMON

Subscribed and sworn before me this _____ day of _____, 2009.

NOTARY PUBLIC