

PART I

APPLICATION FOR DAIRY PLANT MANUFACTURER CERTIFICATE OF FREESALE

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 Milk Permit/Facility ID Number Manufacturer name and FIPS/Plant Number												
Address (number, street)	City	State	ZIP code									
		PA										
3. Issue Certificate in the name of(Requestor/Company):												
	<u> </u>											
4. Certificate Title (Required): CFS LOC COFS,S,P COFS,S,P,O OTHER												
Certificate Title	English or Spanish	No. of Certificates	Destination Country(ies)									
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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?												
7. Send Certificate to: Applicant Other (Note name and address)												
Mailing Instructions: UPS UU.S. Mail												
Unless otherwise indicated, Certificates will be mailed via U.S. Mail. For UPS, provide a prepaid printed shipping label.												

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										
Certificates Requested			Number of Certificate		<u>Fee</u> (per Certificate)		TOTAL			
Certificate of Free Sale, Letter of Certification, Certificate of Free Sale, Sanitary, Purity, Certificate of Free Sale, Sanitary, Purity, Origin		Drigin		x	\$50.00	=				
Additional Flat Rush Fee (please check) Must attach shipping label					\$30.00					
TOTAL FEE										
Signature Title					Date					
ADMINISTRATIVE SECTION ONLY PLEASE DO NOT WRITE BELOW THISLINE										
COMMENTS:										
Date Received	Payment Number	Invoice	Amount		Reviewer	Mail	ed 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., Room112 Harrisburg, PA 17110