## **CERTIFIC**



Product Name

	CERTIFICATE OF	FREE SALE APPLI	CATION
POPMA DEPARTMENT OF FEST.  1875  PUBLIC HEALTH	ALABAMA DEPARTMENT ——— DF PUBLIC HEALTH	Date Certificate Expire  Date Certificate Expire	Certificate Number Environmentalist
*ALL FIELDS	S AND SECTIONS MUST BE COM	PLETED IN ORDER FOR APPI	ICATION TO BE ACCEPTED*
Manufacturing Firm's Name		dba	
Physical Address	3		
			Zip Code
Applicants First Name Applicants Last Name			
Mailing Address			
City		State	Zip Code
Phone Number _		Email	
		HIPMENT INFOMRATION ALL APPLICABLE FIELDS*	
Destination Cour	ntry		
roduct Name	Product Description	Product Details (e.g., Invoice Number, Consign	ee, Net Weight, Batch, Production Date)