CERTIFICATE OF FREE SALE APPLICATION

ALABAMA DEPARTMENT OF PUBLIC HEALTH

For Department Use Only

_____ Date Received
_____ Date Certificate Issued
_____ Date Certificate Expires
_____ Certificate Number
_____ Environmentalist

ALL FIELDS AND SECTIONS MUST BE COMPLETED IN ORDER FOR APPLICATION TO BE ACCEPTED

Manufacturing Firm's Name _____ dba_____

Physical Address _____

City _____ State _Alabama_____ Zip Code _____

Applicants First Name _____ Applicants Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Submit this application along with shipping labels to: manufacturedfood@adph.state.al.us

PRODUCT SHIPMENT INFOMRATION

COMPLETE ALL APPLICABLE FIELDS

Destination Country _____

Product Name	Product Description	Product Details (e.g., *Invoice Number, Consignee, Net Weight, Batch, Production Date)*