New Jersey Department of Health and Senior Services
Consumer and Environmental Health Services
Food and Drug Safety Program
P.O. Box 369
Trenton, NJ 08625-0369
Telephone: 609-826-4935 Fax: 609-826-4990
www.nj.gov/health/foodanddrugsafety

FOR STATE USE ONLY
Check/MO No. _____
Amount Tendered $_____
Processor _____
Date Rec'd _____

APPLICATION FOR CERTIFICATE OF FREE SALE (CFS)

Name of Company	NJDHSS License or Registration Number
Street Address	Telephone Number ( )
City State Zip Code	Email Address *(Required)*

Is product listed on Certificate of Free Sale under embargo, seizure or other restraint?

☐ Yes ☐ No

If yes, please explain. *(Attach additional sheet, if necessary.)*

If further verification/Apostille is required, please check below:

☐ Mercer County Clerk's Office or ☐ State Treasurer's Office (must indicate country of destination)

Note: Refer to the Certificate of Free Sale Guidelines for the appropriate fees required.

The following information must be included on the Certificate of Free Sale (CFS) form:

1.) Current date of inspection by the New Jersey Department of Health and Senior Services or the U.S. Food and Drug Administration (in the case of a Drug Company).
2.) Type of establishment: Food, Drug or Cosmetic establishment.
3.) Name under which establishment is licensed.
4.) Location of licensed establishment where products are manufactured and distributed.
5.) List of products to be certified.
6.) Signature and notarization will be completed by the New Jersey Department of Health and Senior Services.

Number of Products Per Certificate	Number of Certificates Requested	X	Fee Per Certificate	=	Total
CFS (3 or less items)		X	$50.00	=	$
CFS (4 through 9 items)		X	$75.00	=	$
CFS (10 through 25 items)		X	$100.00	=	$
Product G.M.P. Certificate		X	$50.00	=	$
General G.M.P. Certificate		X	$50.00	=	$
Sanitary Letter		X	$50.00	=	$
Export Certificate		X	$50.00	=	$
Health Certificate		X	$50.00	=	$
Total Number Enclosed:				**Grand Total:**	$

IMPORTANT: Enclose a separate check for the above <u>Grand Total</u>, made payable to the "NJDHSS." Any other checks such as to the NJ State Treasurer or the Mercer County Clerk must be separate checks.

Name of Applicant	Title	
Signature	Date	Telephone Number ( )