



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR PUBLIC HEALTH  
DIVISION OF PUBLIC HEALTH PROTECTION AND SAFETY  
FOOD SAFETY BRANCH**

**Andy Beshear**  
Governor

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**Eric C. Friedlander**  
Secretary

**Steven J. Stack, MD**  
Commissioner

**REQUEST FOR CERTIFICATE FOR FREE SALE OR EXPORT**

- I. **Name of Exporting Manufacturer:** \_\_\_\_\_  
Food Safety Permit #: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- II. **Contact Person(s) name and address to whom certificate is to be returned:**  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- III. **Company name and Account number to be used to return certificates by collect mail:**  
FedEx/UPS Account Number: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country/Location to which the products are being exported: \_\_\_\_\_ # Copies requested: \_\_\_\_\_

**Cost: \$10 per Requested Certificate**

**Product(s) being exported:**

Product Number

Product Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PLEASE ATTACH ADDITIONAL SHEETS AS NEEDED**

