

**New Jersey Department of Health**  
**Consumer, Environmental and Occupational Health Service**  
**Public Health and Food Protection Program**  
 Courier Mail: 135 East State Street, Trenton, NJ 08608  
 USPS: P.O. Box 369, Trenton, NJ 08625  
 609-826-4935 | [freesale@doh.nj.gov](mailto:freesale@doh.nj.gov)  
<https://nj.gov/health/ceohs/phfpp/export>

## APPLICATION FOR CERTIFICATE OF FREE SALE (CFS)

Per N.J.S.A. 24: 2-9 and N.J.A.C. 8:21-1.10 et seq.

Enter the name of the business, including the name any third-party business*, that assumes responsibility for the submission of this application.
<b>Name of Applicant Business:</b>
Enter the name of the business that operates the licensed New Jersey location that is responsible for manufacturing and/or storage of product
<b>Name of Responsible Business:</b>
Enter the full address of the licensed New Jersey business location responsible for manufacturing and/or storage of product
<b>Full Address of Responsible Business:</b>
Enter the New Jersey Department of Health (NJDOH) Wholesale Food/Cosmetic license number, Refrigerated Warehouse license number, Non-Alcoholic Beverage license number, or Wholesale Drug-Medical Device registration number issued to the Responsible Business. Attach a copy of the active license or registration.
<b>New Jersey Department of Health license number:</b>
Enter the current date of inspection by the New Jersey Department of Health or the U.S. Food and Drug Administration. Attach a copy of the most recent inspection report that verifies the entered date.
<b>Current date of inspection:</b>
<b>REQUIRED: Submit an answer for each line.</b>
1. Type of Products (select all that apply): <input type="checkbox"/> Cosmetics <input type="checkbox"/> Food <input type="checkbox"/> Drugs <input type="checkbox"/> Medical Devices
2. Is the Responsible Business the distributor or manufacturer of the products? <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer
3. Is the Responsible Business located in New Jersey? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are any of the submitted products under embargo, seizure, or restraint? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is a copy of the active NJDOH license for the Responsible Business attached with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. (For Certificate of Free Sale only) Is the submitted certificate a TYPED, single-page document? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is an electronic payment confirmation number or check/money order included with your application? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are final product labels included with your application? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. (For unfinished ingredients only) Is a certificate of analysis included for each unfinished ingredient? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is a pre-paid, self-addressed shipping label or return envelope included with your application? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do any of the requested documents require an Apostille**? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. If you answered "Yes" to number 11, did you include postage to and from New Jersey Treasury? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you confirm that this application is fully complete and the provided information is accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No
<small><b>*Third Party Business:</b> A third-party distribution or brokering company may apply for a certificate only if the source of products complies with N.J.A.C. 8:21-1.10 et seq. A third-party applicant is responsible for notifying the Responsible Business of an intention to apply for a certificate and for obtaining a copy of the license and most recent inspection report directly from the Responsible Business.</small>
<small><b>**Apostille:</b> All certificates receive a Notary Public signature. Apostilles and Notary Certifications are further validations in addition to the Notary Public signature. Apostilles and Notary Certifications certify the good standing of the Department of Health Notary Public. This optional service may be required by some countries as an additional attachment to a completed and notarized certificate. Most documents do not require an apostille or notary certification. NJDOH does not offer Apostilles or Notary Certifications, but upon request and as a courtesy may forward completed notarized certificates on your behalf. Apostilles and Notary Certifications are available through New Jersey Treasury, Division of Revenue and Enterprise Services: <a href="https://www.state.nj.us/treasury/revenue/apostilles.shtml">https://www.state.nj.us/treasury/revenue/apostilles.shtml</a></small>

**Indicate the type and number of requested certificate(s).**

For a description of each certificate type, visit our website: <https://nj.gov/health/ceohs/phfpp/export>

Certificate Type	Cost Per Each	Quantity Requested	Total Cost
Certificate of Free Sale (1-3 Products)	\$50		
Export Certificate (up to 25 Products)	\$50		
General Good Manufacturing Practices Certificate (no products)	\$50		
Health Certificate (up to 25 Products)	\$50		
Product Good Manufacturing Practices Certificate (up to 25 Products)	\$50		
Sanitary Letter (no products)	\$50		
Certificate of Free Sale (4-9 Products)	\$75		
Certificate of Free Sale (10-25 Products)	\$100		
<b>Final Combined Total</b>			

Visit <https://nj.gov/health/ceohs/phfpp/export> to pay online with a check or credit card.

Indicate the payment transaction information below. Online payment alone is insufficient to request certificates. Complete this form and submit as an attachment via email to [freesale@doh.nj.gov](mailto:freesale@doh.nj.gov) OR make checks payable to *NJ Department of Health* and send via USPS or courier to the address at the top of this form. If you submit via email, keep the original paper form for your records. Do not submit in duplicate.

PAYMENT CONFIRMATION #	DATE OF PAYMENT	AMOUNT
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In the space provided below, type the list of products as they should appear on your requested documents.

In the space provided below, indicate any special wording that you would like to appear on your requested certificates. Special wording is subject to review and approval by the NJ Department of Health.

**Certification**

I understand that any infraction of N.J.S.A. 24: 2-9 or N.J.A.C. 8:21-1.10 et seq. may be grounds for the rejection of this application. I have read all questions, answers, and statements in this application and I understand the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate, and correct. I hereby authorize the New Jersey Department of Health, its agents, servants, and employees to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. I am aware that if any of the foregoing statements are willingly false, I am subject to penalty or rejection.

Name of Applicant	Title of Applicant		
Direct Contact Email (Required)	Direct Contact Phone Number	Date of Application	
Applicant Signature			