

Department of Health and Human Services Food and Drug Administration Center for Food Safety and Applied Nutrition	<h2 style="margin: 0;">FOOD EXPORT CERTIFICATE APPLICATION</h2>	Date
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**1. Food Manufacturer Information**

Manufacturer name	Doing business as name <i>(If other than "Manufacturer name" to left, and you wish this name to appear on the export certificate)</i>		
State License/Registration number	Address		
Contact person name			
Contact phone/fax	City	State or Province	ZIP/postal code
Contact email	Country		

**2. Exporting Company Information (if applicable)**

Export company name			
State License/Registration number	Address		
Contact person name	City	State or Province	ZIP/postal code
Contact phone/fax/or email	Country		

**3. Shipment Description**

Product	Common Name	Manufacturer	Description/Comments

*Continue on additional page(s) as needed.*

**4. Intended Destination of Shipment (Country)**

Name of country
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**5. Send Certificate To**       Manufacturer       Distributor       Other *(provide the following information)*

Firm name	Address		
	City	State	ZIP/postal code
Contact person name	Country		

**6. Send Certificate Via**

Carrier name <i>(U.S. Mail, FedEx, etc.)</i>	Account number <i>(If applicable)</i>
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**7. Fees**

<b><i>Fees are \$10 per certificate, and will be billed upon receipt of this application.</i></b>	<input type="checkbox"/> Copies of certificate: _____ x _____ = Total \$ _____ <div style="text-align: center; font-size: small;">                         Number                      Fee/copy                     </div>
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8. Label(s)

Attach an original or an electronic copy of any applicable product label(s). A fax copy is acceptable only if it is readable.

9. Verification

The undersigned verifies that all ingredients are approved for use by FDA or appear on the GRAS list, and each product is intended for human consumption and is available for sale in the U.S. without restriction.

Signature

Name and Title

Date

Department of Health and Human Services  
Food and Drug Administration  
Center for Food Safety and Applied Nutrition

**FOOD EXPORT CERTIFICATE APPLICATION  
Instructions**

**For Manufacturers/Distributors**

1. The Manufacturer/Distributor fills out the application information describing the consignment, manufacturer (note that different processing facilities of the manufacturer may be listed on the table describing the foods), where and how to send the certificate, optional information as needed, and applicant signature, name, and date.
2. The Manufacturer/Distributor submits the application (by mail, fax, email), along with labels as applicable. For contacts, refer to <http://www.fda.gov/Food/InternationalActivities/Exports/ExportCertificates/UCM151486.htm>

**For FDA Officials**

3. FDA Official reviews the application to be sure all the blanks are filled in properly, verifies manufacturer's license or registration, and investigates inspection data on the listed products.
4. The Official may require an inspection prior to issuance of the export certificate.

5. The Official prints the Certificate on watermarked Department letterhead, assigns a unique registration number and expiration date, signs, dates, seals, and issues the Certificate as indicated.
6. The Official maintains in his records an identical copy of the signed Certificate, marked "Copy" for a period of at least two years.
7. In the event that the Manufacturer fails to comply with the law as stated on the Certificate, the Official will reject the application and promptly notify the Manufacturer that the Certificate cannot be issued.

**After the Certificate Has Been Issued**

8. The Manufacturer/Distributor forwards the Certificate to the foreign Importer and verifies that it is acceptable.
9. If the Certificate is not acceptable, the Exporter notifies the FDA Official that the certificate has not been accepted by the Importer, and the Official will promptly attempt to reconcile the issue with the Importer.

***Paperwork Reduction Act Statement***

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the address below. DO NOT MAIL CERTIFICATE APPLICATION TO THIS ADDRESS.

Department of Health and Human Services  
Food and Drug Administration  
Office of Chief Information Officer  
1350 Piccard Drive, 420A  
Rockville, MD 20850

*An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.*