



CERTIFICATE OF FREE SALE APPLICATION

MANUFACTURER INFORMATION		
Manufacturer Name:		
Contact Person Name:		
Phone:	Email:	
Address:		
City:	State:	Zip Code:
EXPORT COMPANY INFORMATION		
Export Company Name:		
Contact Person Name:		
Phone:	Email:	
Address:		
City:	State:	Zip Code:
INTENDED DESTINATION OF SHIPMENT		
Name of Country(ies):		
SEND CERTIFICATE TO:		
Contact Name:		
Title:	Phone:	
Address:	Email:	
City:	State:	Zip:
The Lake Champlain Chamber will send a digital copy of the Certificate of Free Sale by email and the original by standard USPS mail. We can overnight or send by UPS or FedEx for a fee. <i>Please allow 1-2 weeks for processing.</i>		
VERIFICATION		
The undersigned verifies that all ingredients are approved for use by FDA.		
Signature:		Date: