

# CERTIFICATE of FREE SALE REQUEST PROCEDURE

Companies requesting a "Certificate" document must either be headquartered in the State of Missouri or have product(s) manufactured or processed in Missouri.

<b>Date:</b>	
<p>1. Type of Certificate:</p> <p style="margin-left: 40px;">Include current inspection report when requesting Health and Sanitary Certificate</p>	<p><input type="checkbox"/> <b>Free Sale</b></p> <p><input type="checkbox"/> <b>Health and Sanitary</b></p>
2. Number of Certificates requested:	
<p>3. Headquarters in Missouri</p> <p style="margin-left: 100px;">Company Contact person Phone – email address Address City</p>	
<p>4. Out-of-State location</p> <p style="margin-left: 100px;">Company Contact person Phone – email address Address City, State – Zip</p>	
<p>5. Facility product(s) are manufactured or processed at:</p> <p style="margin-left: 100px;">Company Contact person Phone – email address Address City, State – Zip</p>	
6. Brand name of product(s) shipped or name used on carton/label ( <b>do not include lot numbers or Expiration dates</b> ).	
7. Brief explanation of product(s): (example – food ingredient, feed supplement, food product, etc.)	
8. Country of destination:	

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<p>9. Approximate CIF value of shipment:</p>	
<p>10. Return the certificate to:</p>	
<p>12. Manner of returning the certificate:</p>	<p style="text-align: right;"> <b>Contact Person</b>  <b>Company</b>  <b>Address</b>  <b>Country</b>  <b>City, State Zip</b>  <b>Phone #</b> </p> <p> <b>US Mail</b> <input type="checkbox"/> </p> <p> <b>or Fax #</b> _____ </p> <p style="text-align: center;"><b><u>Include billing account numbers</u></b></p> <p> <b>FEDEX</b> # _____ </p> <p> <b>UPS</b> # _____ </p>