



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
DIVISION OF PUBLIC HEALTH PROTECTION AND SAFETY
MILK 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: \$50 per Requested Certificate

Product(s) being exported:

Product Number

Product Name

PLEASE ATTACH ADDITIONAL SHEETS AS NEEDED

