

State of Florida
Department of Business and Professional Regulation
Division of Drugs, Devices, and Cosmetics

Application for a Certificate of Free Sale
Form No.: DBPR-DDC-239

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
Application for Certificate of Free Sale	<input type="checkbox"/> Nonrefundable fee of \$25.00 for each original and \$2.00 for each copy. <input type="checkbox"/> Make cashier's check, business or corporate check, or money order payable to the Florida Department of Business and Professional Regulation or DBPR. <input type="checkbox"/> Sign and date application.
	Mail completed application to: Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-1047

General Application Instructions	
1.	A certificate of free sale is a document prepared by the department which certifies a drug or device, that is registered with the department, as one that can be legally sold in the state.
2.	The department may only issue a certificate of free sale for a product that is registered with the department under Section 499.015, F.S.
3.	The department may not register any product that does not comply with the Federal Food, Drug, and Cosmetic Act, as amended, or Title 21 C.F.R.

PLEASE NOTE:

- Telephone, email and fax contact information is used to quickly resolve questions with applications. If such information is not provided, questions regarding applications will be mailed to the application contact's mailing address and may take longer to resolve.

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If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics, at **850.717.1800**. ***For additional information see the instructions at the beginning of this application.***

Section I- Application Type

CERTIFICATE OF FREE SALE APPLICATION (3308/8003)	
<input type="checkbox"/>	Certificate of Free Sale Application [3308/8003]
Requestor's Product Registration Number: _____	
Requestor's Manufacturing/Repackager Permit Number: _____	

Section II – Requestor's Information (Florida Manufacturer of Products)

REQUESTOR'S INFORMATION			
Federal Tax Identification Number:	Full Corporate or Legal Business Name		
DOING BUSINESS AS NAME			
Full Doing Business As Name (d/b/a name that appears on permit and invoices):			
PHYSICAL ADDRESS			
Street Address:			
City:	State:	Zip Code (+4 optional):	
CONTACT PERSON			
Last/Surname:	First:	Middle:	Suffix:
Phone Number:		Fax Number:	
Email Address:			

Section III – Exporting Company Information (the name and address to appear on the certificate)

EXPORTING COMPANY			
Exporter's Name:			
Exporter's Street Address:			
City:	State:	Zip:	
Should the certificates be issued in only the exporter's name and address?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If the exporter is different from the manufacturer, should the certificates be issued in the name and address of the manufacturer and exporter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Section IV - Country Exporting To

COUNTRY
<p>If the name of the country you are exporting to needs to be listed on the certificate, provide the name of the country. Only one country may be listed on each certificate. If you need to specify more than one country, original certificates must be requested for each country.</p> <hr/>

Section V - Product Listing (Maximum of 30 products per certificate)

PRODUCTS TO LIST ON CERTIFICATE		
	Product ID No. (Issued by the department)	Full Product Name (Must be the name registered with the department)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
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11.		
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22.		
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24.		
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26.		
27.		
28.		
29.		
30.		

Section VI - Number of Certificates Requested

NUMBER OF CERTIFICATES					
Certificates	Number Requested	x	Fee Per Certificate	=	Total
Originals		x	\$25.00	=	\$
Copies		x	\$2.00	=	\$
Grand Total:					\$

Section VII – Address to Mail Certificates to

ADDRESS TO MAIL CERTIFICATES TO			
Last/Surname:	First:	Middle:	Suffix:
Company's Name:			
Address:			
City:	State:	Zip Code (+4 optional):	

Section VIII– Requestor

REQUESTOR		
Signature of authorized requestor	Name and Title	Date

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 Tallahassee, FL 32399-1047