

## **Information and Instructions for Securing Free Sale Certification for Manufacturers, Wholesaler-Repackers and/or Wholesalers of Drugs and Devices for Foreign Countries**

The certificate issued is a certification that the registrant is the holder of a current certificate of registration as a Manufacturer, Wholesaler-Repacker and/or Wholesaler of Drugs and/or Devices; that the registrant offers the items (drugs and/or devices only) indicated on the certification for sale in New York State.

The certification of the Executive Secretary only satisfies the requirements of some countries. Some countries, in addition to the certification of this office, require the certification of the County Clerk and New York State Secretary of State. It is the applicant's responsibility to secure what type of certification(s) the various countries require other than the certification of the New York State Board of Pharmacy.

### **The following forms and documents must be submitted in order to secure a Free Sale certification:**

1. Application for Certification of Free Sale (FS 400)
2. Original Certification Form (FS 401)

Complete the following:

- a. Provide Country the certificate is to be used for
  - b. Name and address of establishment
  - c. Establishment type (Manufacturer, Wholesaler-Repacker, Wholesaler)
  - d. List each item that will be exported
3. Check or money order in the amount of \$5.00, made payable to the New York State Education Department
  4. One set of product label(s)

**Note:** The name of the product and any particular specification in regard to the product on the application, certification form, product catalog listing, and on the label should be identical. If a foreign name is to appear on a label in a foreign country, the English name under which the product is offered must also appear on the label. Separate labels, that is, a foreign label and a domestic label, **DO NOT** satisfy the requirement. Unless an item appears in the domestic catalog (or price list) clearly indicating the item is offered for sale in New York State, we may not consider the issuance of a free sale certificate.

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Office of the Professions  
New York State Board of Pharmacy  
E-mail: pharmbd@mail.nysed.gov  
www.op.nysed.gov/prof/pharm/

**Department Use Only**

<input type="checkbox"/>	P 2	\$5	FS						
<input type="checkbox"/>									

**Application for Certification of Free Sale for Manufacturer,  
Wholesaler-Repacker and/or Wholesaler of Drugs and Devices**

1. Name of registered establishment:

\_\_\_\_\_

\_\_\_\_\_

2. Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Authorized trade name of firm (DBA) if any: \_\_\_\_\_

4. Registration number issued by the New York State Board of Pharmacy: \_\_\_\_\_

5. Name of country in which certificate is to be used: \_\_\_\_\_

6. List of item(s) offered for sale in New York State by the registrant that a certificate is being applied for (attach additional sheets if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: For each item listed, be sure to attach labels, type name of product and that all products are identifiable with the literature, catalog, label etc.**

7. Affirmation

I hereby affirm that the above statements are true under penalty of perjury.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

**Mail this form and the \$5 fee to: New York State Education Department, Board of Pharmacy, 89 Washington Avenue, Albany, NY 12234. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.**

The University of the State of New York  
The State Education Department  
**New York State Board of Pharmacy**  
89 Washington Avenue  
Albany, NY 12234



To be used in

State of New York }  
County of Albany } ss  
City of Albany }

Name of registered establishment: \_\_\_\_\_

Country the certificate is to be used for: \_\_\_\_\_

Kimberly A. Leonard being duly sworn deposes and says that she is the Acting Executive Secretary of the New York State Board of Pharmacy; that it appears from the records of the New York State Board of Pharmacy that the above named establishment is registered with said board as a ( manufacturer  wholesaler/repacker  wholesaler) of drugs and/or devices.

I further certify that upon examination of records and data on file in the office of said board it is established to my satisfaction that the above named offers for sale in New York State the item(s):

Signature: \_\_\_\_\_

Subscribed and sworn to before me \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_