



Arizona State Board of Pharmacy

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FOR AGENCY USE ONLY

Fee:	Receipt No.:	Check No.:	Check Date:
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APPLICATION FOR CERTIFICATE OF FREE SALE

Applicant must hold an AZ Manufacturer permit to be eligible to receive a Certificate of Free Sale. Certificates are \$200.00 each contingent upon an annual inspection. Inspection fees are calculated at Compliance Officer hourly rate multiplied by the number of hours required for inspection.

(AZ Manufacturer Permit Number)	(AZ Permit Expiration Date)	(FDA Number)	(FDA Expiration Date)
(Business Name)			(Country of Export)
(Street Address)		(City)	(State) (Zip Code)
(Mailing Address)		(City)	(State) (Zip Code)
(E-mail Address)		(Phone Number)	(Fax Number)
(Contact Person's Name)	(Contact's E-Mail Address)		(Contact's Phone Number)

(Products to be Exported)

Attach a copy of the label for each product listed – if the product is to be exported in bulk and a label is not available, include a certificate of composition. Attach additional pages if more space is needed.

Number of Certificates Desired	@ \$200.00 each =
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(Attestation)

I certify that I have read and understand the contents and requirements of A.R.S. § 32-1904B(16)(17) and R4-23-205, regarding obtaining a Certificate of Free Sale.

To the best of my knowledge and belief the foregoing application is true and current in all respects.

(Signature)	(Date)
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