

**EXPORT DOCUMENT APPLICATION**

**1. Applicant Contact Information and Role:**  Manufacturer  Distributor  Broker

Address	City	State	ZIP Code
Contact person's name (First and Last)	Telephone number	FAX number	E-mail address

**2. California Manufacturer Contact Information**

CDPH license/registration number	Manufacturer name
Doing Business As (DBA) name you wish to appear on the export document, if different from above	

Select the name(s) that should be printed on certificate(s):  Manufacturer only  Manufacturer w/ DBA  DBA only

Address	City	State CA	ZIP code
Contact person's name (First and Last)	Telephone number	FAX number	E-mail address

**3. Distributor Information:**  Distributor only (CDPH license/registration number required)  
 Manufacturer and Distributor (Special wording fee required)

CDPH license/registration number	Distributor name		
Address	City	State	ZIP code
Contact person's name (First and Last)	Telephone number	FAX number	E-mail address

**4. Product Information** (Product Type select one)  Food  Drug  Cosmetic  Medical Device

Product Name (Name listed on label)	Net Weight Declaration (e.g. lbs., oz., capsules)
1.	
2.	
3.	
4.	
Type of product label(s): <input type="checkbox"/> Consumer <input type="checkbox"/> Bulk (One type per application)	Total # of products (Limit 25 per application) (Additional pages may be attached)

**5. Return Certificates via:** (Pre-paid return shipping label is **required**)  UPS  FedEx  U.S. Postal Service

Name of Country (Limit (4) countries)	# of Certificates	Name of Country	# of Certificates
1.		3.	
2.		4.	

**6. One-time fee paid?**  Yes  No (If one-time fee has been paid, please list date paid):

**7. Separate certificates for each product?**  Yes  No

**8. Notarize certificate(s)?**  Yes  No

9. Export Certificates and Fees	Quantity	X	Fees	(=) Amount
Free Sale/Export		X	\$32.00	
Distributor		X	\$32.00	
Manufacturer		X	\$19.00	
Notary (per certificate)		X	\$15.00	
One-time fee		X	\$130.00	
Special Wording (Please list in the section below)		X	\$91.00	

**Total Fees:**

**Signature:**

**Date:**

## EXPORT DOCUMENT APPLICATION INSTRUCTIONS

You must complete the application form in its entirety. Instructions to complete this application are as follows:

- 1) **Applicant Contact Information and Role:** This will be used for all correspondence regarding the application. Please select the role of the applicant, and provide the contact person's information.
- 2) **California Manufacturer Contact Information:**
  - CDPH issued license/registration number: List the number that appears on the license/registration issued by the CDPH.
  - Manufacturer's name: Name of the manufacturer whose name appears on the license/registration issued by the CDPH.
  - Doing Business As (DBA): If you would like to have a DBA name listed on the certificate, please indicate the name you wish to appear.
  - Name(s) printed on certificates(s) Choose from one of the three options listed that should be printed on the certificate, Manufacturer only, Manufacturer with DBA, or DBA only.
  - Address: Provide the complete address, including, city, state and zip code, of the product manufacturer whose name appears on the license/registration issued by the CDPH.
  - Contact person's Information: First and last name, telephone number, FAX number, and email address.
- 3) **Distributor Information:**
  - Certificate(s) may be issued to the Distributor only, or both the Manufacturer and Distributor. Select one of the two options. (If only the distributor's information is listed on the certificate, the distributor must also have a valid CDPH license/registration number. (If the Distributor and Manufacturer are both listed on the certificate, an \$91.00 special wording fee is required).
  - CDPH issued license/registration number (If applicable): List the number that appears on the license/registration issued by the CDPH.
  - Distributor's name: Name of the firm distributing the product. (If applicable, name appears on the license/registration issued by CDPH).
  - Address: Provide the complete address, including, city, state and zip code, of the firm distributing the product.
  - Contact person's Information: First and last name, telephone number, FAX number, and email address.
- 4) **Product Information:**
  - Select 1 of the 4 product types (food, drug, cosmetic, medical device).
  - Product name: List the exact name that appears on the product label.
  - Net weight declaration: List the net weight(s) or quantity amount for each product.  
Note: The product name and net weight declaration listed on the application, must match with the label.
  - Type of product labels: (Consumer or Bulk) Select the type of product label(s) you are submitting with the application. Note: Consumer and Bulk products, must be listed on separate applications. The department will accept electronic or paper copies of labels. Firms may also provide their labels on a CD or thumb drive.
  - Total # of products: Only 25 products per application. If the application has more than 4 products, you must include an electronic product list in Word or Excel CSV format, via CD, or thumb drive. You may also forward as an attachment, to [FDBExports@cdph.ca.gov](mailto:FDBExports@cdph.ca.gov). The electronic product list must include, the product name, and net weight declaration, as it appears on the label.

- 5) **Return Certificates via:** A self-addressed envelope with a prepaid postage/shipping label is required with each application for return shipping.
- Please indicate the type of return shipping service for the certificates.
  - List the name of the country where product(s) are to be shipped. Note: (4) different countries can be listed on an application. Note: One country per certificate.
- 6) **One-time fee:** Only required for the first application submitted for each CDPH license/registration number. Please indicate if the one-time fee of \$130.00 has been paid. If the fee has already been paid, please include the date paid.
- 7) **Separate certificate(s)?** If you would like a separate certificate for each product, please mark "yes."
- 8) **Notarize certificate(s)?** Notary Fees are \$15.00 **per certificate**. Any certificates that do not require notarization must be submitted on a separate application.
- 9) **Export Certificates:** FDB Exports issues the following certificate types:
- Free Sale/Export Certificate: Only for products manufactured in California facilities licensed/registered by the CDPH. The name and address of the manufacturer and the products will appear on the certificate.
  - Distributor Certificate: Only for products manufactured in California facilities licensed/registered by the CDPH. The name of the licensed/registered distributor and the products will appear on the certificate.
  - Certificate of Manufacture: Only for firms licensed/registered by the CDPH. No products or special wording are listed on this certificate. This certificate is not an export document but may be used to demonstrate license or registration status within the CDPH.

**Required Fees:** All fees are non-refundable and must be included with the application. Please calculate the fees based on the following:

- Free Sale/Export, Distributor certificates: \$32.00 per certificate.
- Manufacturer certificate: \$19.00 per certificate.
- Notary fees: \$15.00 per certificate.
- One-time Fee: \$130.00
- Special wording: An \$91.00 special wording fee is required for any additional information listed on the certificate(s). Please include the special wording language in the section provided. Additional page(s) may be attached. All special wording requests are subject to approval by FDB. For questions regarding special wording language, please send an email to: [FDBExports@cdph.ca.gov](mailto:FDBExports@cdph.ca.gov)

**Please sign, date, and mail the completed application to:**  
**California Department of Public Health (CDPH)**  
**Food and Drug Branch (FDB)**  
**Export Document Program**  
**1500 Capitol Avenue, MS 7602**  
**Sacramento, CA 95814**

For additional questions, please contact the FDB Export Document Program at [FDBExports@cdph.ca.gov](mailto:FDBExports@cdph.ca.gov) or (916) 650-6500. You may also refer to the [Frequently Asked Questions](#) on the website.