

NEW HEALTH CERTIFICATE PREPARATION GUIDELINES

Effective January 1, 2003

The Illinois Department of Public Health (IDPH), Division of Food, Drugs and Dairies, validates health certificates for firms involved in the foreign export of products manufactured in, or distributed from, the state of Illinois. Health certificates verify the animal health status of dairy animals in the state of Illinois and the manufacturing processes that are used by the dairy processing plant. They may also verify that the products being exported are freely marketed in the state of Illinois and the United States.

Health certificates will be processed on a first-in, first-out basis provided the request is complete and accurate. The certificate must be prepared on plain white paper using a format from one of the attached samples. The wording shown in the samples, *substituting your company name, address and products*, must be used. If a change in the sample wording is needed, prior approval is required and may cause delays. Please proof your retyped certificate for accuracy.

Effective January 1, 2003, the Illinois Department of Public Health will charge a nonrefundable fee of \$10 (U.S.) per certificate.

Expect a *minimum* of two weeks for this request to be processed. Certificates will no longer be faxed upon completion, nor will copies of the original be made and provided for backup. If copies are needed, the receiving company may make them or additional originals may be purchased. Note the following information, which must be included with your request:

1. State the name of the foreign country to which the product is being shipped, both in the certificate wording and on the request form (attached).
2. Provide a copy of a recently paid invoice to substantiate that the products are freely sold in the state of Illinois. If current invoices are not available, identity statements for the product may be supplied. These may include labels, spec sheets, etc.
3. Companies doing large volumes of exporting may provide a current product catalog that includes product identity statements to have on file with IDPH. This would eliminate the necessity of providing statements with each certificate request.
4. Certificates are notarized by a certified state of Illinois notary public. Please provide appropriate notarial blanks at the bottom of the certificate. Format for the notarial blanks must follow the examples given. The correct full year must be typed (e.g., 2003) or the notary public will refuse to sign the certificate.
5. Enclose a stamped, pre-addressed return envelope or completed express label with your account number for the return of the certificate(s) to your firm.
6. If the certificate is prepared in a foreign language, please provide an exact English language translation.

It is imperative to follow the instructions. Certificates submitted with incomplete or incorrect information will not be processed and will be returned for the necessary corrections.

Mail request to Dairy Program Manager
Illinois Department of Public Health
Division of Food, Drugs and Dairies
525 W. Jefferson St.
Springfield, IL 62761

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

REQUEST FOR HEALTH CERTIFICATE
For Dairy Products or Products Manufactured Using Dairy Ingredients

USE BLACK INK; PLEASE PRINT OR TYPE.

COMPANY NAME	COMPANY HEADQUARTERS ADDRESS
COMPANY'S ILLINOIS ADDRESS (if different)	CONTACT PERSON'S NAME
TELEPHONE	FAX
E-MAIL (IF AVAILABLE)	FOR EXPORT TO (COUNTRY)

The above named company requests _____ certificate(s) X \$10 (U.S.) per certificate for a total processing fee of \$ _____. (number)
(amount)

Enclosed with this request form please find the following checked items to process this request.

ENCLOSURES

- 9 Payment of **\$10 per certificate** with check or money order made payable to the Illinois Department of Public Health (**required**)
- 9 Certificate wording formatted properly on white paper (**required**)
- 9 Identity statements or recent invoice for products listed on the certificate
- 9 Catalog filed with department
- 9 English translation of certificate (required if prepared in a foreign language)

RETURN MAIL METHOD (Provide one)

- 9 Stamped, pre-addressed return envelope
- 9 Completed express label - VIA _____ TRACK # _____

Please direct any questions concerning this request form to 217-785-2439.

SPACE BELOW FOR VALIDATION USE ONLY

Date received

(Department use only)



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