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## **GUIDELINES FOR OBTAINING AFFIDAVIT OF FREE SALE or EXPORT CERTIFICATE**

Refer to the following procedures to request an “Affidavit of Free Sale or a Certificate of “Free Sale” (hereafter “Affidavit of Free Sale”) from the Indiana State Board of Animal Health (BOAH) for products regulated by BOAH. Please contact the Indiana State Department of Health (ISDH) or the United States Food and Drug Administration (FDA) for other products.

### **The following terms and restrictions apply to requests for Affidavits of Free Sale from BOAH:**

- A. BOAH prepares Affidavits of Free Sale for Indiana firms only. “Indiana firms” include the following:
- Manufacturing and/or distributing firms physically located in Indiana.
  - Manufacturing and/or distributing firms physically located in Indiana exporting products from a firm in another state.
  - Manufacturing and/or distributing firms in another state exporting products from a firm physically located in Indiana.
- Affidavit(s) of Free Sale are prepared free of charge at this time.
  - Affidavit(s) of Free Sale are available in the English language only.

**To request an Affidavit of Free Sale, submit to BOAH a cover letter or a *Request for Certificate of Export / Free Sale for Dairy Products* form and a sworn affidavit according to the following procedures.**

- B. Request for Certificate of Export / Free Sale for Dairy Products  
If submitting a request letter it should be on your company letterhead. Request should include
- Contact person, phone number and e-mail address.
  - The number of Affidavit(s) of Free Sale that are requested.
  - BOAH recommends that you request a number that will meet your company needs for several months. This will eliminate the possibility of “emergency” type situations
  - where documents are needed quickly, BOAH reserves the right to refuse unreasonable requests.
  - Affidavit(s) of Free Sale will be processed on electronic black and white letterhead. Affidavit(s) of Free Sale will not contain the term “Affidavit of Free Sale” at the top of the document unless requested.
  - Requests for an “Apostille” attachment are forwarded to the Secretary of State’s office after the Affidavit of Free Sale process has been completed. When requesting an “Apostille” you must provide the exported product(s) country of destination.

Safeguarding Indiana’s animals, food supply and citizens for more than 135 years.  
An equal opportunity employer and provider.

### C. Company Sworn Affidavits

You must submit a sworn declaration consisting of an original affidavit (*see an example of a Sworn Affidavit below*). BOAH will recognize only company affidavits that are prepared as follows:

- The affidavit must be placed on original company letterhead. We do not accept faxed or e-mailed documents as original affidavits. You may send via fax or email to expedite process, however the final certificates will not be sent to you until originals are received.
- The affidavit must be signed with an original signature by a responsible party within your company with authority to make the declaration. We do not accept typed or stamped signatures. Signatures must be included in the affidavit. BOAH does not accept affidavits where signatures appear on a separate sheet of paper.
- The signature of a responsible party on the Affidavit must be witnessed by a Notary Public. The signature of the Notary Public and an official notary seal are required.
- All products must be listed within the affidavit. We do not accept “see attached list” as a reference to products listed on a separate sheet of paper.

### D. Expiration Dates

Company affidavits expire on the calendar year i.e., January 1<sup>st</sup> through December 31<sup>st</sup>.

1. Throughout the calendar year BOAH may issue additional Affidavits of Free Sale from an original company affidavit already on file with BOAH, if there are no changes needed in the Affidavit of Free Sale. These requests may be made via fax or e-mail. When changes are needed, please submit an original affidavit with the revisions.

2. An “Affidavit of Free Sale” contains the following expiration statement:

*This document remains valid until information from the original affidavit has changed or it is determined by this office to have expired.*

This statement may be eliminated or modified upon request but subject to the approval of BOAH. BOAH reserves the right to determine that an affidavit is no longer in effect even where the above statement is removed or altered.

### E. Submission and Return

Initial request with samples may be sent via email to [animalhealth@boah.in.gov](mailto:animalhealth@boah.in.gov)

Mail the cover letter and original affidavit to the following:

Indiana State Board of Animal Health  
Attention: Free Sale / Dairy Division  
Suite 100  
1202 E. 38<sup>th</sup> Street  
Indianapolis IN 46205

Include the return mailing address with each request. Companies may experience delivery delays when this step is overlooked. “Affidavit(s) of Free Sale” will be returned regular mail. For requests that the Affidavit(s) of Free Sale be returned via UPS, FedEx, DHL or other carrier, submit a completed pre-printed waybill with company account number and return envelope or provide your account number with request.

### F. Timing

Allow a minimum of three (3) working days for completion of “Affidavit(s) of Free Sale” under normal circumstances. Please take into account the possibility that on occasion the appropriate staff needed to process your request may not be available. Requests for an “Apostille” attachment are forwarded to the Secretary of State’s office after the “Affidavit of Free Sale” process has been completed in this office. Once the “Affidavit of Free Sale” leaves our office, we are unable to determine a completion date.

A. Miscellaneous

The following statements are intended to clarify the sample documents that are attached to these instructions:

1. Clarification of the legal term) SS: as seen at the top of Example of Sworn Affidavit. No number or word is required after the colon.
2. COUNTY OF: should be county location of your facility  
STATE OF: should be the state location of your facility

If your request is made from your corporate office (out of state) you may use that county and state. Do not use COUNTY OF: Marion STATE OF: Indiana unless that is where your facility or corporate office is located.

***This is an example of what you might send as your sworn affidavit.  
Must be on firm's letterhead stationary***

COUNTY OF (where plant is located)

STATE OF INDIANA

KNOW ALL MEN BY THESE PRESENTS:

The undersigned being first duly sworn according to the local laws governing the administration of oaths says that he/she is duly elected, qualified, and acting \_\_\_\_\_ (Title) of \_\_\_\_\_ (Name of Firm)\_\_\_\_, a corporation that he/she makes this affidavit for and on behalf of said corporation and that he/she is duly authorized to do so.

Affiant further says that it is within his/her knowledge that the following are just and true:

- 1) That the products of \_\_\_\_\_ (Firm's Name)\_\_\_\_, located in the city of \_\_\_\_\_ (City)\_\_\_\_, State of Indiana, United States of North America, are prepared in an establishment appropriate for that purpose in every respect appertaining to hygienic conditions thereof, including those of light, ventilation, running water, sanitary installations, drainage, etc.;
- 2) That the persons employed in manufacturing said products for sale are free from contagious diseases in which epidemiological evidence indicates that the person may spread the disease and are otherwise qualified for the performance of the work in which they are engaged;

That all of its products, including, but not by limitation, \_\_\_\_\_ (name(s) of dairy products)\_\_\_\_, have free sale in this country, having complied with all legal requirements to that effect, and a

(Additional products listed here also if needed)

\_\_\_\_\_(Name)\_\_\_\_\_  
\_\_\_\_\_(Title)\_\_\_\_\_  
\_\_\_\_\_(Firm's Name)\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public (Typed Name)

Notary Public Signature

Residence: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_