

STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE & MARKETS
10B Airline Drive, Albany, NY 12235
www.agriculture.ny.gov

Division of Food Safety and Inspection
Phone: (518) 457-5457

Halal Certification Form

1. Name of Establishment: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

2. Name of individual or organization certifying food as Halal (or state if you are "self-certifying"):

Address and phone number of certifying individual or organization:

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____ Country: _____

3. Affiliation and education of certifying individual or organization: _____

4. The certifying individual or organization visits this establishment _____ times

Daily weekly monthly yearly Continuously on-site

5. All meat sold or served by this establishment is halal is not halal

6. We do do not exclusively sell or serve halal food.

7. Establishments selling and serving both halal and non-halal food must complete the following:

a. We do do not use separate ovens and sinks for halal and non-halal foods.

b. We do do not use separate utensils, refrigerators, freezers and storage areas for halal and non-halal foods.

c. All utensils and equipment are are not clearly identified as halal or non-halal.

d. Non-halal products are are not mixed with halal products and then sold as halal.

To be completed by the Department.

This form has been filed with the Department of Agriculture and Markets:

Department Representative

Date