

# STATE OF NEW YORK DEPARTMENT OF AGRICULTURE AND MARKETS

10B Airline Drive, Albany, NY 12235 www.agriculture.ny.gov

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

#### Manufacturer/Producer of Non-Prepackaged HALAL Food Registration Form

Instructions: New York State manufacturers, compounders, brewers, distillers, producers, processers, packers, and sellers of any non-prepackaged food or food products, meats, meat preparations, and meat by-products are required to provide the information below.

Failure to provide all applicable information to the Department of Agriculture and Markets (Department) will delay the registration of the product until all required information is provided.

Any change in the registration information requires immediate notification to the Department.

If one or more individual or organization certifies the food, food product, meats, meat preparations, or meat by-products, provide the required information for each certifier.

Name:	(th	ne "Registering Party	<i>(</i> ")		
Address:					
City:	State:	Zip:	Cou	untry:	
Telephone Number:		_ Fax Number:			
E-Mail Address:					
Check as applicable:	Manufacturer	Compounder	Brewer	Distiller	Producer
	Processor	Packer	Seller		
The Registering Party hereb	y certifies that:				
1.		, witl	h a business add	dress of	
			and a telep	hone number	of
			is the indivi	dual or organiz	ration

2. That the certifying individual or organization set forth above, has a current Statement of Qualifications filed with the Department, a copy of which is attached as Schedule B;

### **Schedule A**

Brand Name (if any)	Product Description

## **Schedule B**

#### Statement of Qualifications for Persons Certifying Non-Prepackaged Halal Foods

Name of Individual/Or	ganization Certifying Pre-	Packaged Halal Foods:	
Business Address:			
City:	State:	Zip:	
example, the organizat		lifications to certify the Registeri ience, the background, educatio certifiers).	
_		ound, training, education, experiertify the Reregistering Party's pr	

# **Schedule C - HALAL Certification Form**

<ol> <li>Name of Establishment</li> </ol>	:		
Address:			
City:	State:	Zip:	Country:
2. Name of individual or o	rganization certifying fo	ood as halal (or state	e if you are "self-certifying"):
Address and phone number	of certifying individual	or organization:	
Address:			
City:	State:	Zip:	Country:
elephone Number:			
3. Affiliation and educatio	n of certifying individua	l or organization:	
		hio ostoblish ve svat	
<ol> <li>The certifying individua</li> </ol>	_		
Daily	weekly mo	onthly ye	early
5.			
6. We do do no	t exclusively sell or serve	e halal food.	
a. We do do	not use separate ovens	and sinks for halal	nust complete the following: and non-halal foods. eezers and storage areas for hala
and non-halal foods			<u>-</u>
<ul><li>c. All utensils and equi</li><li>d. Non-halal products</li></ul>	•	<u>•</u>	d as halal or non-halal. Icts and then sold as halal.
a. Non halar products		·	
To be completed by the De	•		
his form has been filed wit	h the Department of Aફ	griculture and Mark	ets:
Department Representative		Dat	e