



Agriculture and Markets

KATHY HOCHUL
Governor

RICHARD A. BALL
Commissioner

HALAL CERTIFICATION FORM for Certifiers

Name of Individual or Organization Certifying Food as Halal: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Affiliation & Education of Certifying Individual or Organization (Attach a separate page if necessary)

To Be Completed by the Department

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

Department Representative

Date