NEW YORK STATE OF OPPORTUNITY. | Agriculture and Markets

KATHY HOCHUL
Governor

RICHARD A. BALL
Commissioner

HALAL CERTIFICATION FORM FOR CERTIFIERS

1. Name of Individual or Organization Certifying Non-Prepackaged Food as Halal

_____

2. Address _____

3. Phone Number (including area code) _____

4. Email Address _____

5. Website (Optional) _____

6. Qualifications to certify food as halal. This statement may include background, training, education, experience, and any other information that shows the certifier's qualifications.

   _____

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7. I affirm that the information provided above is accurate to the best of my knowledge. False or misleading information may be considered a violation of Section 201-g of Agriculture and Markets Law. Please write your name and title below if you so affirm.

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