







Instructions for completing Form FDA 3038 (10/06)

**Section I - Completed by State Shellfish Certification Agency**

1. Shellfish Dealer/Shipper: Name, Facility Address, Street No., City/Town, State, ZIP, and Telephone. Include mailing address if different than physical location of facility.
2. Certification: Certificate Number - a unique number assigned to each certified shellfish dealer; Date Certified; State - two letter State Code; Expiration Date - date certificate expires; Category Symbol - two or three letter code designating dealer process.
3. Date of On-Site Inspection: Date plant was inspected for certification.
4. State Shellfish Standardization Inspector: Print name of Inspector who conducted the on-site inspection.
5. Expiration Date of Inspector's Standardization: Print date the inspector's standardization will expire.
6. Cancellation Date: Date firm has been either decertified or recommended for delisting.
7. Reason for Cancellation: Check applicable box. Other denotes voluntary or seasonal suspension of activities.
- 8.a) State Shellfish Control Authority designee: Print name to validate signature block.
- 8.b) Signature of designee
- 8.c) Date certificate sent to FDA

**Section II - Completed by Division of Cooperative Programs - FDA**

**Public reporting burden for this collection of information** is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to:

DHHS/FDA/CFSAN/OC  
DCP, HFS-628  
5100 Paint Branch Parkway  
College Park, MD 20740

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.