

Your cooperation is needed to make the results of this survey comprehensive, accurate, and timely and may increase the profitability of your business. Individual reports are confidential and only summary totals are published. This report is authorized by law, 16 U.S.C. 1854(e).

Form Approved OMB No. 0648-0018  
Expires: 05-31-09

YEAR		NOAA FORM 88-13 (REV 10/95)	U.S. DEPARTMENT OF COMMERCE NOAA-NMFS	<b>ARE YOU A:</b>
REGION		<b>FISHERY PRODUCTS REPORT U. S. PROCESSORS, ANNUAL</b>		PROCESSOR
STATE				WHOLESALE (Does Not Process)
PLANT NO.				COLD STORAGE
COUNTY				OTHER:

COMPANY PHONE \_\_\_\_\_ COMPANY FAX \_\_\_\_\_

MAIL ADDRESS \_\_\_\_\_

PLANT ADDRESS \_\_\_\_\_

**EMPLOYMENT DATA  
TO BE COMPLETED BY ALL FIRMS OR PLANTS**

**NOTE:** LIST BY MONTH THE NUMBER OF PERSONS WORKING AT THIS ESTABLISHMENT DURING THE PAYROLL PERIOD THAT INCLUDED THE 12TH OF THE MONTH.

JAN	FEB	MAR
APR	MAY	JUN
JUL	AUG	SEP
OCT	NOV	DEC
REPORT PREPARED BY _____		TITLE _____

	FOR NMFS USE	UNIT	QUANTITY	VALUE FOB PLANT	CHECK
FRESH SEAFOOD					/////
					/////
FROZEN SEAFOOD					/////
					/////
					/////

NEW PRODUCTS (1)	FOR NMFS USE	UNIT	QUANTITY	VALUE FOB PLANT	CHECK
1) SPECIFY: FRESH, FROZEN, CURED or INDUSTRIAL					

IF MORE LINES ARE NEEDED FOR PRODUCTS OTHER THAN CANNED, CONTINUE BELOW OR AFTER CANNED ENTRY LINES

CANNED SEAFOOD (1)	FOR NMFS USE	UNIT	OUNCES	PACK	# OF CASES	VALUE FOB PLANT
1) ANY PRODUCT RETORTED UNDER PRESSURE; RIGID OR POUCH CONTAINER						
		CS				
		CS				
		CS				
		CS				