

NOAA FORM 89-819 (03-06) Prescribed by NOAA Inspection Manual	U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION SEAFOOD INSPECTION PROGRAM	1. DATE SUBMITTED
SPECIFICATION AND LABEL SUBMITTAL ACTION REQUEST		2. PLANT CODE(S)

INSTRUCTIONS – Please print for complete by typewriter. Submit a set of 5 specifications and/or labels with each product label indicated on form. All copies except field copy to be submitted to the address below or action. Field copy to be retained by requestor until specifications and/or labels are returned by Approving Officer. TO: DOCUMENTATION APPROVAL and SUPPLY SERVICES P.O. DRAWER 1207 – 3207 FREDERIC ST., SUITE B PASCAGOULA, MISSISSIPPI 39568-1207	3. PROCESSOR OR PACKER (<i>Name, address and Phone Number</i>) 4. DISTRIBUTOR (<i>Name and full address</i>)
--	---

USDC No. (Item 5) to be assigned by Approving Officer. Indicate USDC Number of approved specifications or labels in Remarks when submitting replacements with minor changes, or when submitting or verification for cancellation. Indicate primary logo, packer or distributor name, or other identification for item 6. Use numbers only or item 9: 1 - No. Shield 2 - Combination Grade A & PUF1., 3 - PUF1 Mark, 4 - Grade A, 5 - Lot Inspected Mark

5. USDC NUMBER		6. PRODUCT IDENTIFICATION (<i>Brand and identifying number if any</i>)	7. COMMODITY (<i>Use official terminology including type, style and size; indicate in ounces or count/pounds. Enter 10 digit commodity code</i>)		8. CONTENT OR NET WEIGHT	9. SHIELD CODE (See Above)
LABEL	SPEC.		PRODUCT	COMMODITY CODE		

10. USDC INSPECTOR (<i>Signature</i>) _____ Inspector Number _____ HACCP <input type="checkbox"/>	11. HAVE SPECIFICATIONS AND/FOR LABELS BEEN REVIEWED FOR COMPLIANCE WITH USDC AND FDA REGULATIONS? BY INSPECTOR? BY FIELD INSPECTION OFFICER? YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
COMPANY OFFICIAL (<i>Signature</i>) _____	

12. ACTION REQUESTED

<input type="checkbox"/> LABEL/SPEC. REVIEW	<input type="checkbox"/> NEW LABEL SKETCH/PROOF REVIEW	<input type="checkbox"/> NEW LABEL APPROVAL (<i>FINAL</i>)
<input type="checkbox"/> NEW SPEC. APPROVAL (<i>FINAL</i>)	<input type="checkbox"/> REPLACEMENT SPEC. OR LABEL	<input type="checkbox"/> CANCEL APPROVAL <input type="checkbox"/> OTHER (<i>SPECIFY IN REMARKS</i>)
<input type="checkbox"/> USDA/FNS (CN) LABEL OR SPECS ACTION		<input type="checkbox"/> EXTEND TEMPORARY APPROVAL (<i>SPECIFY IN REMARKS</i>)

APPROVAL BY THE USDC IS BASED ON THE INFORMATION SUPPLIED AND DOES NOT IMPLY CONCURRENCE FOR ACCEPTANCE BY OTHER FEDERAL STATE FOR LOCAL GOVERNMENTAL AGENCIES UNLESS SPECIFICALLY NOTED, NOR DOES IT RELIEVE THE COMPANY FROM COMPLIANCE WITH OTHER APPLICABLE LAWS, REGULATIONS OR RULINGS. THIS APPROVAL BECOMES VOID IF CHANGES ARE MADE IN THE SPECIFICATION OR LABEL WITHOUT THE CONCURRENCE OF THE USDC APPROVING OFFICER.

13. REMARKS (*Please initial*)

TO BE COMPLETED BY APPROVING OFFICE(S) ONLY	
PROOF APPROVED FOR PRINTING <input type="checkbox"/> AS IS <input type="checkbox"/> WITH CHANGES NOTED <input type="checkbox"/> Temporary Approval Expires _____ (Spec) _____ (Label) _____ <input type="checkbox"/> Final Approval Label <input type="checkbox"/> Final approval Spec. <input type="checkbox"/> Disapproved label <input type="checkbox"/> Disapproved Spec. <input type="checkbox"/> Extends Approval <input type="checkbox"/> Cancelled <input type="checkbox"/> Reviewed	APPROVING OFFICER (<i>Signature</i>) _____ DATE: _____ USDA/FNS USE ONLY <input type="checkbox"/> SKETCH/PROOF <input type="checkbox"/> LABEL <input type="checkbox"/> CONCURRENCE <input type="checkbox"/> NON-CONCURRENCE USDA APPROVAL (<i>Signature</i>) _____ DATE: _____

INFORMATION COLLECTION NOTIFICATION
NOAA Form 88-819

This information collection is authorized under 50 CFR §260.97(c)(12), (13), and (15). The information will be used to ensure compliance with mandatory labeling regulations established by the U.S. Food and Drug Administration as well as the proper use of the official marks of the voluntary National Seafood Inspection Program. Public reporting burden for this collection of information is estimated to average 30 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 the National Seafood Inspection Program, 1315 East-West Highway, Silver Spring, MD 20910. This information is required in order to obtain the benefits of the use of official marks [50 CFR §260.86].

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.