

DEPARTMENT OF HEALTH AND HUMAN SERVICES <b>FOOD AND DRUG ADMINISTRATION</b> (See Reverse of Part III for Instructions)		<i>(Check One)</i> <input type="checkbox"/> Certification <input type="checkbox"/> Change <input type="checkbox"/> Cancellation <input type="checkbox"/> Renewal		Form Approved: OMB No. 0910-0021 Expiration Date: <b>xxxxxx xx, 20xx</b> See Burden Statement on back of Part III.				
<b>SECTION I - COMPLETED BY STATE SHELLFISH CONTROL AUTHORITY</b>								
1. SHELLFISH DEALER/ SHIPPER <i>(Name)</i>		2. <b>CERTIFICATION</b>						
FACILITY ADDRESS <i>(Include Street No., City, State, &amp; ZIP)</i>		a) CERTIFICATE NUMBER		b) DATE CERTIFIED				
MAILING ADDRESS <i>(If different than above)</i>		c) STATE		d) EXPIRATION DATE				
TELEPHONE (     )		e) CATEGORY SYMBOL <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
		<b>DP - Depuration</b> <b>RP - Repacker</b> <b>RS - Reshipper</b> <b>SP - Shucker-Packer</b> <b>SS - Shell Stock Shipper</b> <b>PHP - Post Harvest Processor</b>						
3. DATE OF ON-SITE INSPECTION	4. STATE SHELLFISH STANDARDIZATION INSPECTOR <i>(Print Name)</i>	5. EXPIRATION DATE OF INSPECTOR'S STANDARDIZATION						
6. CANCELLATION DATE	7. REASON FOR CANCELLATION <i>(Check One)</i> <input type="checkbox"/> Decertification <input type="checkbox"/> Out of Business <input type="checkbox"/> Other <i>(Please Specify)</i> _____							
8. a) STATE SHELLFISH CONTROL AUTHORITY DESIGNEE <i>(Print Name)</i>	b) SIGNATURE	c) DATE CERTIFICATE SENT TO FDA						
<b>SECTION II - COMPLETED BY DIVISION OF COOPERATIVE PROGRAMS - FDA</b>								
9. DATE CERTIFICATE RECEIVED		10. DATE CERTIFICATE PUBLISHED						
<b>THIS CERTIFICATE MUST BE KEPT ON FILE FOR A PERIOD OF TWO (2) YEARS.</b>								

**FORM FDA 3038 (10/06)**  
(Replaces Forms FDA 3038b and FDA 3038c which are obsolete.)

**PART 1 - HFS-625**

**INTERSTATE SHELLFISH DEALER'S CERTIFICATE**

DEPARTMENT OF HEALTH AND HUMAN SERVICES <b>FOOD AND DRUG ADMINISTRATION</b> (See Reverse of Part III for Instructions)	<i>(Check One)</i> <input type="checkbox"/> Certification <input type="checkbox"/> Change <input type="checkbox"/> Cancellation <input type="checkbox"/> Renewal	Form Approved: OMB No. 0910-0021 Expiration Date: <b>xxxxxx xx, 20xx</b> See Burden Statement on back of Part III.
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**SECTION I - COMPLETED BY STATE SHELLFISH CONTROL AUTHORITY**

<b>1. SHELLFISH DEALER/ SHIPPER (Name)</b>  <b>FACILITY ADDRESS (Include Street No., City, State, &amp; ZIP)</b>  <b>MAILING ADDRESS (If different than above)</b>  <b>TELEPHONE</b> (      )	<b>2. CERTIFICATION</b> a) CERTIFICATE NUMBER      b) DATE CERTIFIED c) STATE      d) EXPIRATION DATE e) CATEGORY SYMBOL <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;"> <b>DP</b> - Depuration      <b>RP</b> - Repacker      <b>RS</b> - Reshipper  <b>SP</b> - Shucker-Packer      <b>SS</b> - Shell Stock Shipper      <b>PHP</b> - Post Harvest Processor </p>			

<b>3. DATE OF ON-SITE INSPECTION</b>	<b>4. STATE SHELLFISH STANDARDIZATION INSPECTOR (Print Name)</b>	<b>5. EXPIRATION DATE OF INSPECTOR'S STANDARDIZATION</b>
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<b>6. CANCELLATION DATE</b>	<b>7. REASON FOR CANCELLATION (Check One)</b> <input type="checkbox"/> Decertification <input type="checkbox"/> Out of Business <input type="checkbox"/> Other (Please Specify) _____
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<b>8. a) STATE SHELLFISH CONTROL AUTHORITY DESIGNEE (Print Name)</b>	<b>b) SIGNATURE</b>	<b>c) DATE CERTIFICATE SENT TO FDA</b>
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**SECTION II - COMPLETED BY DIVISION OF COOPERATIVE PROGRAMS - FDA**

<b>9. DATE CERTIFICATE RECEIVED</b>	<b>10. DATE CERTIFICATE PUBLISHED</b>
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**THIS CERTIFICATE MUST BE KEPT ON FILE FOR A PERIOD OF TWO (2) YEARS.**

**FORM FDA 3038 (10/06)**  
(Replaces Forms FDA 3038b and FDA 3038c which are obsolete.)

**PART 2 - REGIONAL SHELLFISH SPECIALIST**

**INTERSTATE SHELLFISH DEALER'S CERTIFICATE**

DEPARTMENT OF HEALTH AND HUMAN SERVICES <b>FOOD AND DRUG ADMINISTRATION</b> (See Reverse of Part III for Instructions)	<i>(Check One)</i> <input type="checkbox"/> Certification <input type="checkbox"/> Change <input type="checkbox"/> Cancellation <input type="checkbox"/> Renewal	Form Approved: OMB No. 0910-0021 Expiration Date: <b>xxxxxx xx, 20xx</b> See Burden Statement on back of Part III.
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**SECTION I - COMPLETED BY STATE SHELLFISH CONTROL AUTHORITY**

1. SHELLFISH DEALER/ SHIPPER (Name)	2. <b>CERTIFICATION</b>	
FACILITY ADDRESS (Include Street No., City, State, & ZIP)	a) CERTIFICATE NUMBER	b) DATE CERTIFIED
	c) STATE	d) EXPIRATION DATE
MAILING ADDRESS (If different than above)	e) CATEGORY SYMBOL <input type="text"/> <input type="text"/> <input type="text"/> DP - Depuration    RP - Repeater    RS - Reshipper SP - Shucker-Packer    SS - Shell Stock Shipper    PHP - Post Harvest Processor	
TELEPHONE (        )		

3. DATE OF ON-SITE INSPECTION	4. STATE SHELLFISH STANDARDIZATION INSPECTOR (Print Name)	5. EXPIRATION DATE OF INSPECTOR'S STANDARDIZATION
6. CANCELLATION DATE	7. REASON FOR CANCELLATION (Check One) <input type="checkbox"/> Decertification <input type="checkbox"/> Out of Business <input type="checkbox"/> Other (Please Specify) _____	
8. a) STATE SHELLFISH CONTROL AUTHORITY DESIGNEE (Print Name)	b) SIGNATURE	c) DATE CERTIFICATE SENT TO FDA

**SECTION II - COMPLETED BY DIVISION OF COOPERATIVE PROGRAMS - FDA**

9. DATE CERTIFICATE RECEIVED	10. DATE CERTIFICATE PUBLISHED
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**THIS CERTIFICATE MUST BE KEPT ON FILE FOR A PERIOD OF TWO (2) YEARS.**

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

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