| DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION      |  | (Check One)  Certification Change |               | Form Approved: OMB No. 0910-0021<br>Expiration Date: March 31, 2013 |                              |
|---|--|-----------------------------------|---------------|---|------------------------------|
| (See Reverse of Part III for Instructions)                                |  | Cancellation                      | Renewal       | See Burden Statement on back of Part III.                           |                              |
| SECTION I - COMPLETED BY STATE SHELLFISH CONTROL AUTHORITY                |  |                                   |               |   |                              |
| 1. SHELLFISH DEALER / SHIPPER (Name)                                      |  | 2. CERTIFICATION                  |               |   |                              |
| ,   |  | a) CERTIFICATE NUMBER             |               | b) DATE CERTIFIED   |                              |
|   |  |                                   |               |   |                              |
| FACILITY ADDRESS (Include Street No., City, State, & ZIP)                 |  |                                   |               |   |                              |
|   |  | c) STATE                          |               | d) EXPIRATION DATE  |                              |
|   |  |                                   |               |   |                              |
| MAILING ADDRESS (If different than above)                                 |  | e) CATEGORY SYMBOL                | Ī Ī           | 1 1   |                              |
|   |  |                                   |               |   |                              |
|   |  | 55 S                              | 55 P          |   | BO D. H.                     |
|   |  | DP - Depuration                   | RP - Rep      | packer  | RS - Reshipper               |
| TELEPHONE   |  | SP - Shucker-Pack                 |               | II Stock Shipper  | PHP - Post Harvest           |
| ( )   |  | AQ - Aquaculture                  | WS - We       |   | Processor                    |
| 3. DATE OF ON-SITE INSPECTION   | 4. STATE SHELLF<br>Name)               | ISH STANDARDIZATION INS           | PECTOR (Print | 5. EXPIRATION (<br>STANDARDIZ                                       | DATE OF INSPECTOR'S<br>ATION |
| 6. CANCELLATION DATE  | 7. REASON FOR CANCELLATION (Check One) |                                   |               |   |                              |
|   |  | Decertification Out of Business   |               |   |                              |
|   |  | Ţ.                                | _             |   |                              |
|   |  | Other (Please Specify)            |               |   |                              |
| 8. a) STATE SHELLFISH CONTROL AUTHORITY DESIGNEE (Print Name)  b) SIGNATO |  | URE                               |               | c) DATE CERTIF  | ICATE SENT TO FDA            |
| DEGELOUIL CONDUCTED BY DIVIDION OF COOREDATIVE BROODANG. EDA              |  |                                   |               |   |                              |
| SECTION II - COMPLETED BY DIVISION OF COOPERATIVE PROGRAMS - FDA          |  |                                   |               |   |                              |
| 9. DATE CERTIFICATE RECEIVED  |  | 10. DATE CERTIFICATE PUBLISHED    |               |   |                              |
|   |  |                                   |               |   |                              |
| THIS CERTIFICATE MUST BE KEPT ON FILE FOR A PERIOD OF TWO (2) YEARS.      |  |                                   |               |   |                              |
| FORM EDA 2028 (7/40)  |  |                                   |               |   |                              |

FORM FDA 3038 (7/10)

(Replaces Forms FDA 3038b and FDA 3038c which are obsolete.)

PART 1 - HFS-625

INTERSTATE SHELLFISH DEALER'S CERTIFICATE