

DEPARTMENT OF HEALTH AND HUMAN SERVICES <b>FOOD AND DRUG ADMINISTRATION</b> (See Reverse of Part III for Instructions)	(Check One) <input type="checkbox"/> Certification <input type="checkbox"/> Change <input type="checkbox"/> Cancellation <input type="checkbox"/> Renewal	Form Approved: OMB No. 0910-0021 Expiration Date: March 31, 2013 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     [   ] [   ] [   ]		
TELEPHONE (   )	DP - Depuration SP - Shucker-Packer AQ - Aquaculture	RP - Repacker SS - Shell Stock Shipper WS - Wet Storage	RS - Reshipper PHP - Post Harvest Processor
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.**

**FORM FDA 3038 (7/10)**  
 (Replaces Forms FDA 3038b and FDA 3038c which are obsolete.)

**PART 1 - HFS-625**

**INTERSTATE SHELLFISH DEALER'S CERTIFICATE**