

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION <small>(See Reverse of Part III for Instructions)</small>	(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: May 31, 2016 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. CERTIFICATION																
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																
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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 (6/13)

(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 FOOD AND DRUG ADMINISTRATION (See Reverse of Part III for Instructions)	(Choose One)	Form Approved: OMB No. 0910-0021 Expiration Date: May 31, 2016 See Burden Statement on back of Part III.
	<input type="checkbox"/> Certification <input type="checkbox"/> Change <input type="checkbox"/> Cancellation <input type="checkbox"/> Renewal	

SECTION I - COMPLETED BY STATE SHELLFISH CONTROL AUTHORITY

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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

SECTION II - COMPLETED BY DIVISION OF COOPERATIVE PROGRAMS - FDA

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FORM FDA 3038 (6/13)

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

PART 3 - STATE REGULATORY AGENCY

**INTERSTATE SHELLFISH
DEALER'S CERTIFICATE**

Instructions for completing Form FDA 3038 (6/13)

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

This section applies only to requirements of the Paperwork Reduction Act of 1995.

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:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
PRASStaff@fda.hhs.gov

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