DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOOD AND DRUG ADMINISTRATION

(See Reverse of Part III for Instructions)

(Check One)

☐ Certification ☐ Change

☐ Cancellation ☐ Renewal

Form Approved: OMB No. 0910-0021
Expiration Date: May 31, 2016
See Burden Statement on back of Part III.

SECTION I - COMPLETED BY STATE SHELLFISH CONTROL AUTHORITY

1. SHELLFISH DEALER / SHIPPER (*Name*)

FACILITY ADDRESS (*Include Street No., City, State, & ZIP*)

MAILING ADDRESS (*If different than above*)

TELEPHONE
( )

2. **CERTIFICATION**

a) CERTIFICATE NUMBER

b) DATE CERTIFIED

c) STATE

d) EXPIRATION DATE

e) CATEGORY SYMBOL

DP - Depuration **RP** - Repacker **RS** - Reshipper

SP - Shucker-Packer **SS** - Shell Stock Shipper **PHP** - Post Harvest Processor

AQ - Aquaculture **WS** - Wet Storage

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*)

☐ Decertification ☐ Out of Business

☐ 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

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

PSC Publishing Services (301) 443-6740 EF

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOOD AND DRUG ADMINISTRATION

(See Reverse of Part III for Instructions)

(Check One)

☐ Certification ☐ Change

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Form Approved: OMB No. 0910-0021
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SECTION I - COMPLETED BY STATE SHELLFISH CONTROL AUTHORITY

1. SHELLFISH DEALER / SHIPPER (*Name*)

FACILITY ADDRESS (*Include Street No., City, State, & ZIP*)

MAILING ADDRESS (*If different than above*)

TELEPHONE
( )

2. **CERTIFICATION**

a) CERTIFICATE NUMBER

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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*)

☐ Decertification ☐ Out of Business

☐ 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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FORM FDA 3038 (6/13)
(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

FOOD AND DRUG ADMINISTRATION

(See Reverse of Part III for Instructions)

(Check One)

☐ Certification ☐ Change

☐ Cancellation ☐ Renewal

Form Approved: OMB No. 0910-0021
Expiration Date: May 31, 2016
See Burden Statement on back of Part III.

SECTION I - COMPLETED BY STATE SHELLFISH CONTROL AUTHORITY

1. SHELLFISH DEALER / SHIPPER (*Name*)

FACILITY ADDRESS (*Include Street No., City, State, & ZIP*)

MAILING ADDRESS (*If different than above*)

TELEPHONE
( )

2. **CERTIFICATION**

a) CERTIFICATE NUMBER

b) DATE CERTIFIED

c) STATE

d) EXPIRATION DATE

e) CATEGORY SYMBOL

DP - Depuration **RP** - Repacker **RS** - Reshipper

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AQ - Aquaculture **WS** - Wet Storage

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*)

☐ Decertification ☐ Out of Business

☐ 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

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 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