

Thank you very much for your participation. We greatly appreciate your cooperation and time. This form summarizes some key points to help you complete the survey.

Your company name, mailing address, plant address and phone/fax number will be pre-printed on your form. Please check to make sure the information is correct and write in any changes as needed.

Pre-printed items are products that were reported last year. Simply fill in the quantity and value. Please cross out a product if you do not process it anymore.

If you are new to the survey or do not have products on record for the survey, your form will only have a section for New Products. Please report every product you produce.

Your cooperation is needed to make the results of this survey comprehensive, accurate, and timely and may increase the profitability of your business. Individual reports are confidential and only summary totals are published. This report is authorized by law, 16 U.S.C. 1854(e).

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NOAA FORM 88-13 (REV 10/95) U.S. DEPARTMENT OF COMMERCE NOAA-NMFS

**FISHERY PRODUCTS REPORT
U. S. PROCESSORS, ANNUAL**

ARE YOU A:
 PROCESSOR _____
 WHOLESALER (Does Not Process) _____
 COLD STORAGE _____
 OTHER _____

YEAR: **Pre-Printed**
 REGION: _____
 STATE: _____
 PLANT NO.: _____
 COUNTY: _____

COMPANY PHONE: _____ COMPANY FAX: _____
 Space for company phone and fax number
 MAIL ADDRESS: _____
 Your Company's Name
 Your Company's Mailing Address
 PLANT ADDRESS: _____
 Plant's Physical Address

EMPLOYMENT DATA
 TO BE COMPLETED BY ALL FIRMS OR PLANTS

NOTE: LIST BY MONTH THE NUMBER OF PERSONS WORKING AT THIS ESTABLISHMENT DURING THE PAYROLL PERIOD THAT INCLUDED THE 12TH OF THE MONTH.

JAN	FEB	MAR
APR	MAY	JUN
JUL	AUG	SEP
OCT	NOV	DEC

REPORT PREPARED BY: _____ TITLE: _____

	FOR NMFS USE	UNIT	QUANTITY	VALUE FOB PLANT	CHECK
FRESH SEAFOOD					///// /////
FROZEN SEAFOOD					///// /////
NEW PRODUCTS (1)					
1) SWEETENED FRESH FROZEN COOKED INDUSTRIAL					
F MORE LINES ARE NEEDED FOR PRODUCTS OTHER THAN CANNED. CONTINUE BELOW OR AFTER CANNED ENTRY LINES					
CANNED SEAFOOD (1)			OUNCES	PACK	# OF CASES
1) ANY PRODUCT RETORTED UNDER PRESSURE; RIGID OR POUCH CONTAINER					VALUE FOB PLANT
		CS			
		CS			
		CS			
		CS			

Please enter monthly employment information here (including administrative staff and yourself) and write your name.

Please provide a telephone number or e-mail address as well.

Under quantity please provide the weight of the processed product. Value is the amount of money obtained for the product only, without shipping, retail, etc.

Please report any **new** or **re-introduced** products in this section. Please provide as much detail as possible, especially in terms of units (lbs., oz., gallons, etc.).

If a product you normally process was not processed in the previous year, it is not included in the pre-printed list. If you started processing it again, please report it here in the new products section.

If you are new to the survey and there are no products listed already, please list all products you currently process

If you produce any canned products, please list them under "Canned Seafood" and include the can size, number of cans in a case and how many cases.