ORM FDA 3038 (4/16)	moor be	PART 1 - HFS-625		• •	TERSTATE SHELLFISH
THIS CERTIFIC	CATE MUST BF	KEPT ON FILE FOR A PERIOD	OF TWO	(2) YEARS	
9. DATE CERTIFICATE RECEIVED		10. DATE CERTIFICATE PUBLIS	HED		
	COMPLETED B	Y DIVISION OF COOPERATIVE		MS - FDA	
8. a) STATE SHELLFISH CONTROL AUTHORITY b) SIGNAT DESIGNEE ( <i>Print Name</i> )		URE		c) DATE CER	TIFICATE SENT TO FDA
		Other (Please Specify)			
		Decertification		Out of Busine	ess
6. CANCELLATION DATE 7	7. REASON FOR C	CANCELLATION (Check One)		•	
3. DATE OF ON-SITE INSPECTION	I. STATE SHELLFI Name)	ISH STANDARDIZATION INSPECT	OR ( <i>Print</i>	5. EXPIRATIO STANDARI	N DATE OF INSPECTOR'S DIZATION
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TELEPHONE		SP - Shucker-Packer		II Stock Shipper	PHP - Post Harvest Processor
		<b>DP</b> - Depuration	RP - Rep		RS - Reshipper
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MAILING ADDRESS (If different than above)		e) CATEGORY SYMBOL		<u> </u>	
FACILITY ADDRESS (INclude Street No., City, State, & ZIP)		c) STATE		d) EXPIRATION DATE	
FACILITY ADDRESS (Include Street No., City,	State & ZIP\				
,		a) CERTIFICATE NUMBER	b) DATE CERTIFIED		
1. SHELLFISH DEALER / SHIPPER (Name)		2. CERTIFICATION			
SECTION	L- COMPLETED	BY STATE SHELLFISH CONTI		IORITY	
FOOD AND DRUG ADMINISTRATION (See Reverse of Part III for Instructions)			newal	See Burden Statement on back of Par	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		(Check One)  Certification  Change		Form Approved: OMB No. 0910-0021 Expiration Date: April 30, 2019	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES		(Check One)		Form Approved: OMB No. 0910-0021	
FOOD AND DRUG ADMINISTRATION				on Date: April 30, 2019	
(See Reverse of Part III for Instruction	Cancellation Re	enewal See Bu	See Burden Statement on back of Part III		
SECTION	ON I - COMPLETED	BY STATE SHELLFISH CONT	ROL AUTHORITY		
1. SHELLFISH DEALER / SHIPPER ( <i>Name</i> )		2. CERTIFICATION			
		a) CERTIFICATE NUMBER	b) DATE	CERTIFIED	
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		<b>DP</b> - Depuration	RP - Repacker	RS - Reshipper	
TELEPHONE		SP - Shucker-Packer	SS - Shell Stock S	Shipper PHP - Post Harvest	
( )		AQ - Aquaculture	WS - Wet Storage	Processor	
3. DATE OF ON-SITE INSPECTION	4. STATE SHELLFI Name)	SH STANDARDIZATION INSPECT		RATION DATE OF INSPECTOR'S NDARDIZATION	
6. CANCELLATION DATE	7. REASON FOR C	CANCELLATION (Check One)			
		Decertification	Out of	Business	
		Other ( <i>Please Specify</i> )			
8. a) STATE SHELLFISH CONTROL AUTHORITY DESIGNEE ( <i>Print Name</i> )		URE	c) DATE	E CERTIFICATE SENT TO FDA	
SECTION	II - COMPLETED B	Y DIVISION OF COOPERATIVE	E DDOGDAMS - ED	ΔΛ	
9. DATE CERTIFICATE RECEIVED		10. DATE CERTIFICATE PUBLIS		// ·	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES		(Check One)		Form Approved: OMB No. 0910-0021 Expiration Date: April 30, 2019 See Burden Statement on back of Part III.	
FOOD AND DRUG ADMINISTRATION		Certification Change			
(See Reverse of Part III for Instructions)		Cancellation Renewal			
SE	CTION I - COMPLETED	D BY STATE SHELLFISH CONT	ROL AUTHO	DRITY	
I. SHELLFISH DEALER / SHIPPER ( <i>Name</i> )		2. CERTIFICATION			
		a) CERTIFICATE NUMBER		b) DATE CERTIF	FIED
FACILITY ADDRESS (Include Street No	. Citv. State. & ZIP)	-			
(	, 21.9, 21.21.2, 21.21.1	c) STATE		d) EXPIRATION DATE	
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		<b>DP</b> - Depuration	RP - Repa	ıcker	RS - Reshipper
TELEPHONE		SP - Shucker-Packer	SS - Shell	Stock Shipper	PHP - Post Harvest
( )		AQ - Aquaculture WS - Wet Storage			Processor
DATE OF ON-SITE INSPECTION	4. STATE SHELLF Name)	ISH STANDARDIZATION INSPEC	TOR ( <i>Print</i>	5. EXPIRATIO STANDARD	N DATE OF INSPECTOR'S DIZATION
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		Other (Please Specify)			
8. a) STATE SHELLFISH CONTROL AUTHORITY b) SIGNAT DESIGNEE ( <i>Print Name</i> )		TURE		c) DATE CERT	TIFICATE SENT TO FDA
SECTI	N II - COMPLETED F	BY DIVISION OF COOPERATIVE	E PROGRAN	//S - FDA	
9. DATE CERTIFICATE RECEIVED		10. DATE CERTIFICATE PUBLIS			
THIS CE	RTIFICATE MUST BE	KEPT ON FILE FOR A PERIO	D OF TWO (	2) YEARS.	
ORM FDA 3038 (4/16)			•		TERSTATE SHELLFISI
eplaces Forms FDA 3038b and FDA 3038c whic	n are obsolete.)	PART 3 - STATE REGULATO	RY AGENCY	/ DE	<b>ALER'S CERTIFICATI</b>

## Instructions for completing Form FDA 3038 (4/16)

## Section I - Completed by State Shellfish Certification Agency

- Shellfish Dealer/Shipper: Name, Facility Address, Street No., City/Town, State, ZIP, and Telephone. Include mailing address if different than physical location of facility.
- 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.

- 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.

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Department of Health and Human Services Food and Drug Administration Office of Operations PRAStaff@fda.hhs.gov Do NOT send your completed form to the PRA Staff email address to the left.

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