

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 Products. Please report EVERY product you produce.

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

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. 1954(e).

Form Approved OMB No. 0648-0018 Expires 05-31-09

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

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

FISHERY PRODUCTS REPORT
 U. S. PROCESSORS, ANNUAL

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

COMPANY PHONE: Pre-Printed
 COMPANY FAX: Pre-Printed
 MAIL ADDRESS: Pre-Printed
 Your Company's Name: Pre-Printed
 Your Company's Mailing Address: Pre-Printed
 PLANT ADDRESS: Pre-Printed
 Plant's Physical Address: Pre-Printed

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 | | | | | |
| Cod Fillet | 0820101160 | LB | | | //// |
| FROZEN SEAFOOD | | | | | |
| Shrimp Headless | 7381201130 | LB | | | //// |
| Crab King Cooked Legs | 7090202033 | LB | | | //// |
| NEW PRODUCTS (1) | | | | | |
| 1) SPECIES: FRESH, FROZEN, CURED OR INDUSTRIAL | | | | | |
| F MORE LINES ARE NEEDED FOR PRODUCTS OTHER THAN CANNED, CONTINUE BELOW OR AFTER CANNED ENTRY LINES | | | | | |
| CANNED SEAFOOD (1) | | | | | |
| 1) ANY PRODUCT RETORTED UNDER PRESSURE; RIGID OR POUCH CONTAINER | | | | | |
| | | 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**

Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0018. Without this approval, we could not conduct this survey. Public reporting for this information collection is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the NOAA Fisheries Melissa Yencho at: 1315 East-West Highway, SSMC-3 F/ST-1, Silver Spring, MD 20910, Attn: Fishery Products Report/Melissa Yencho, melissa.yencho@noaa.gov.