

YEAR	2022	NOAA FORM 88-13 (REV 10/95)	U.S. DEPARTMENT OF COMMERCE NOAA-NMFS	ARE YOU A (CHECK ALL THAT APPLY):		
REGION	9			<input type="checkbox"/> PROCESSOR	<input type="checkbox"/>	
STATE	99			<input type="checkbox"/> WHOLESALER (Does Not Process)	<input type="checkbox"/>	
PLANT NO	9997			<input type="checkbox"/> COLD STORAGE	<input type="checkbox"/>	
COUNTY	999			<input type="checkbox"/> OTHER	<input type="checkbox"/>	

FISHERY PRODUCTS REPORT U.S. PROCESSORS, ANNUAL

COMPANY PHONE _____ COMPANY FAX _____ _____ MAIL ADDRESS _____ _____ PLANT 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. If you indicated PROCESSOR above, list the number of processing line workers and separate by a comma from the number of persons working other positions. For example, "10, 15".												
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">JAN</td> <td style="width:33%;">FEB</td> <td style="width:33%;">MAR</td> </tr> <tr> <td>APR</td> <td>MAY</td> <td>JUN</td> </tr> <tr> <td>JUL</td> <td>AUG</td> <td>SEP</td> </tr> <tr> <td>OCT</td> <td>NOV</td> <td>DEC</td> </tr> </table>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
JAN	FEB	MAR											
APR	MAY	JUN											
JUL	AUG	SEP											
OCT	NOV	DEC											
	REPORT PREPARED BY (Print or type Name) Phone _____ E-mail _____												
Address changes can be made in the Comments section													

NEW PRODUCTS (1)	FOR NMFS USE	UNIT	QUANTITY	VALUE FOB PLANT	CHECK
1) SPECIFY: FRESH, FROZEN, CURED or INDUSTRIAL					

NEW CANNED (1)	FOR NMFS USE	UNIT	OUNCES	PACK	# OF CASES	VALUE FOB PLANT
		CS				
		CS				
		CS				
		CS				
		CS				

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Comments

A 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 Veronica Pereira at: 1315 East-West Highway, SSMC-3 F/ST-1, Silver Spring, MD 20910, Attn: Fishery Products Report/Veronica Pereira, Veronica.Pereira@noaa.gov.