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, 2022
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 (6/19)
(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