

DEPARTMENT OF HEALTH AND HUMAN SERVICES <b>FOOD AND DRUG ADMINISTRATION</b> <small>(See Reverse of Part III for Instructions)</small>		(Check One) <input type="checkbox"/> Certification <input type="checkbox"/> Change <input type="checkbox"/> Cancellation <input type="checkbox"/> Renewal	Form Approved: OMB No. 0910-0021 Expiration Date: May 31, 2022 See Burden Statement on back of Part III.
<b>SECTION I - COMPLETED BY STATE SHELLFISH CONTROL AUTHORITY</b>			
1. SHELLFISH DEALER / SHIPPER ( <i>Name</i> ) <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>		2. <b>CERTIFICATION</b>	
FACILITY ADDRESS ( <i>Include Street No., City, State, &amp; ZIP</i> ) <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>		a) CERTIFICATE NUMBER <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>	b) DATE CERTIFIED <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>
MAILING ADDRESS ( <i>If different than above</i> ) <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>		c) STATE <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>	d) EXPIRATION DATE <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>
TELEPHONE (    )		e) CATEGORY SYMBOL <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> <p style="text-align: center; margin-top: 10px;">           DP - Depuration      RP - Repacker      RS - Reshipper            SP - Shucker-Packer      SS - Shell Stock Shipper      PHP - Post Harvest Processor            AQ - Aquaculture      WS - Wet Storage         </p>	
3. DATE OF ON-SITE INSPECTION <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>	4. STATE SHELLFISH STANDARDIZATION INSPECTOR ( <i>Print Name</i> ) <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>	5. EXPIRATION DATE OF INSPECTOR'S STANDARDIZATION <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>	
6. CANCELLATION DATE <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>	7. REASON FOR CANCELLATION ( <i>Check One</i> ) <input type="checkbox"/> Decertification <input type="checkbox"/> Out of Business <input type="checkbox"/> Other ( <i>Please Specify</i> ) <div style="background-color: #e0e0e0; width: 150px; height: 15px; display: inline-block;"></div>		
8. a) STATE SHELLFISH CONTROL AUTHORITY DESIGNEE ( <i>Print Name</i> ) <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>	b) SIGNATURE <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>		c) DATE CERTIFICATE SENT TO FDA <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>
<b>SECTION II - COMPLETED BY DIVISION OF COOPERATIVE PROGRAMS - FDA</b>			
9. DATE CERTIFICATE RECEIVED <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>		10. DATE CERTIFICATE PUBLISHED <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>	
<b>THIS CERTIFICATE MUST BE KEPT ON FILE FOR A PERIOD OF TWO (2) YEARS.</b>			

FORM FDA 3038 (6/19)  
 (Replaces Forms FDA 3038b and FDA 3038c which are obsolete.)

PART 1 - HFS-625

**INTERSTATE SHELLFISH  
 DEALER'S CERTIFICATE**