

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION <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.										
SECTION I - COMPLETED BY STATE SHELLFISH CONTROL AUTHORITY														
1. SHELLFISH DEALER / SHIPPER (Name) <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>		2. CERTIFICATION												
FACILITY ADDRESS (Include Street No., City, State, & ZIP) <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>		a) CERTIFICATE NUMBER <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>		b) DATE CERTIFIED <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>										
		c) STATE <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>		d) EXPIRATION DATE <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>										
MAILING ADDRESS (If different than above) <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>		e) CATEGORY SYMBOL <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>												
TELEPHONE () <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">DP - Depuration</td> <td style="text-align: center;">RP - Repacker</td> <td style="text-align: center;">RS - Reshipper</td> </tr> <tr> <td style="text-align: center;">SP - Shucker-Packer</td> <td style="text-align: center;">SS - Shell Stock Shipper</td> <td style="text-align: center;">PHP - Post Harvest Processor</td> </tr> <tr> <td style="text-align: center;">AQ - Aquaculture</td> <td style="text-align: center;">WS - Wet Storage</td> <td></td> </tr> </table>				DP - Depuration	RP - Repacker	RS - Reshipper	SP - Shucker-Packer	SS - Shell Stock Shipper	PHP - Post Harvest Processor	AQ - Aquaculture	WS - Wet Storage	
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AQ - Aquaculture	WS - Wet Storage													
3. DATE OF ON-SITE INSPECTION <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>		4. STATE SHELLFISH STANDARDIZATION INSPECTOR (Print Name) <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>		5. EXPIRATION DATE OF INSPECTOR'S STANDARDIZATION <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>										
6. CANCELLATION DATE <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>		7. REASON FOR CANCELLATION (Check One) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Decertification <input type="checkbox"/> Other (Please Specify) </div> <div> <input type="checkbox"/> Out of Business </div> </div> <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>												
8. a) STATE SHELLFISH CONTROL AUTHORITY DESIGNEE (Print Name) <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>		b) SIGNATURE <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>		c) DATE CERTIFICATE SENT TO FDA <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>										
SECTION II - COMPLETED BY DIVISION OF COOPERATIVE PROGRAMS - FDA														
9. DATE CERTIFICATE RECEIVED <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>			10. DATE CERTIFICATE PUBLISHED <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div>											
THIS CERTIFICATE MUST BE KEPT ON FILE FOR A PERIOD OF TWO (2) YEARS.														