ORM FDA 3038 (8/03) Replaces Forms FDA 3038b and FDA 3038c which are of		PART 1 - HFS-625	INTERSTATE SHELLFISH DEALER'S CERTIFICATE	
THIS CERTII	FICATE MUST BE	KEPT ON FILE FOR A PERIOD OF TWO	(2) YEARS.	
9. DATE CERTIFICATE RECEIVED		10. DATE CERTIFICATE PUBLISHED		
	I - COMPLETED B	Y DIVISION OF COOPERATIVE PROGR	AMS - FDA	
8. a) STATE SHELLFISH CONTROL AUTHOR DESIGNEE (Print Name)	b) SIGNAT	ΓURE	c) DATE CERTIFICATE SENT TO FDA	
		Other (Please Specify)		
		Decertification	Out of Business	
6. CANCELLATION DATE	7. REASON FOR	CANCELLATION (Check One)	•	
3. DATE OF ON-SITE INSPECTION	4. STATE SHELLF (Print Name)	FISH STANDARDIZATION INSPECTOR	5. EXPIRATION DATE OF INSPECTOR'S STANDARDIZATION	
TELEPHONE ()		SP - Shucker-Packer SS - Sh	ell Stock Shipper	
TELEBLIONE		DP - Depuration RP - Re	epacker RS - Reshipper	
MAILING ADDRESS (If different than above)		e) CATEGORY SYMBOL		
MAILING ADDRESS (If different then above)		e) CATEGORY SYMBOL		
FACILITY ADDRESS (Include Street No., City, State, & ZIP)		c) STATE	d) EXPIRATION DATE	
EACH ITY ADDRESS (Include Street No. Ci	ty State (ZID)			
1. SHELLFISH DEALER / SHIPPER (Name)		a) CERTIFICATE NUMBER	ICATION b) DATE CERTIFIED	
	N I - COMPLETED	BY STATE SHELLFISH CONTROL AUTI		
(See Reverse of Part III for Instructions)		Cancellation Renewal		
PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		Certification Change	Expiration Date: August 31, 2006 See Burden Statement on back of Part III.	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		(Check One)	Form Approved: OMB No. 0910-0021	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE		(Check One)		Form Approved: OMB No. 0910-0021 Expiration Date: August 31, 2006 See Burden Statement on back of Part III.	
FOOD AND DRUG ADMINISTRATION			Soo Burd		
(See Reverse of Part III for Instructions)			enewal		
	ON I - COMPLETE	D BY STATE SHELLFISH CONT			
1. SHELLFISH DEALER / SHIPPER (Name)		2. CERTIFICATION			
		a) CERTIFICATE NUMBER	b) DATE C	CERTIFIED	
FACILITY ADDRESS (Include Street No., C	ity, State, & ZIP)				
		c) STATE	d) EXPIRA	d) EXPIRATION DATE	
MAILING ADDRESS (If different than above)		e) CATEGORY SYMBOL	 		
		DP - Depuration	RP - Repacker	RS - Reshipper	
TELEPHONE ()		SP - Shucker-Packer SS - Shell Stock Shipper			
3. DATE OF ON-SITE INSPECTION	4. STATE SHELL (Print Name)	FISH STANDARDIZATION INSPEC		RATION DATE OF INSPECTOR'S DARDIZATION	
3. CANCELLATION DATE	7. REASON FOR	CANCELLATION (Check One)	I		
		Decertification	Out of B	usiness	
		Other (Please Specify)			
8. a) STATE SHELLFISH CONTROL AUTHORITY DESIGNEE (Print Name)		TURE	c) DATE	CERTIFICATE SENT TO FDA	
SECTION	II - COMPLETED I	BY DIVISION OF COOPERATIVE	E PROGRAMS - FDA	1	
9. DATE CERTIFICATE RECEIVED		10. DATE CERTIFICATE PUBLISHED			
THIS CERT	FICATE MUST BE	KEPT ON FILE FOR A PERIOD	O OF TWO (2) YEARS	 S.	
ORM FDA 3038 (8/03)			. ,	INTERSTATE SHELLFISH	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE		(Check One)		Form Approved: OMB No. 0910-0021	
FOOD AND DRUG ADMINISTRATION		Certification Cr	nange	Expiration Date: August 31, 2006	
(See Reverse of Part III for Instructions)		Cancellation Re	enewal	See Burden Statement on back of Part I	
SECTION	N I - COMPLETE	D BY STATE SHELLFISH CONT	ROL AUTH	IORITY	
1. SHELLFISH DEALER / SHIPPER (Name)		2. CERTIFICATION			
		a) CERTIFICATE NUMBER		b) DATE CERTIFIED	
FACILITY ADDRESS (Include Street No., Cit	v. State, & ZIP)				
		c) STATE		d) EXPIRATION DATE	
MAILING ADDRESS (If different than above)		e) CATEGORY SYMBOL			
MAILING ADDRESS (If different than above)		e) CATEGORY STIMBOL			
		DP - Depuration	RP - Rep	packer RS - Reshipper	
TELEPHONE ()		SP - Shucker-Packer SS - Shell Stock Shipper			
. DATE OF ON-SITE INSPECTION	4. STATE SHELL (Print Name)	FISH STANDARDIZATION INSPECTOR 5. EXPIRATION DATE OF INSECTION		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)				c) DATE CERTIFICATE SENT TO FDA	
SECTION II	- COMPLETED E	BY DIVISION OF COOPERATIVE	E PROGRA	AMS - FDA	
9. DATE CERTIFICATE RECEIVED		10. DATE CERTIFICATE PUBLISHED			
THIS CERTIF	ICATE MUST BE	KEPT ON FILE FOR A PERIOD	O OF TWO	(2) YEARS.	
DRM FDA 3038 (8/03)				INTERSTATE SHELLFISH	

Instructions for completing Form FDA 3038 (8/03)

Section I - Completed by State Shellfish Certification Agency

- Shellfish Dealer/Shipper: Name, Facility Address, Street No., City/Town, State, ZIP, and Telephone. Include mailing address if different than physical location of facility.
- Certification: Certificate Number a unique number assigned to each certified shellfish dealer; Date Certified; State two letter State Code; Expiration Date date certificate expires; Category Symbol two letter code designating dealer process.
- Date of On-Site Inspection: Date plant was inspected for certification.
- State Shellfish Standardization Inspector: Print name of Inspector who conducted the on-site inspection.
- 5. Expiration Date of Inspector's Standardization: Print date the inspector's standardization will expire.

- Cancellation Date: Date firm has been either decertified or recommended for delisting.
- 7. Reason for Cancellation: Check applicable box. Other denotes voluntary or seasonal suspension of activities.
- 8.a) State Shellfish Control Authority designee: Print name to validate signature block.
- 8.b) Signature of designee
- 8.c) Date certificate sent to FDA

Section II - Completed by Division of Cooperative Programs - FDA

Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to:

DHHS/FDA/CFSAN/OC DCP, HFS-628 5100 Paint Branch Parkway College Park, MD 20740

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.