

Shellfish Handling and Marketing Certificate Application Instructions

Please Type or Print Your Application.

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for a Shellfish Handling and Marketing Certificate at this location while under the current ownership. Place an (X) in the box next to Renewal Applicant if your firm has already obtained a Shellfish Handling and Marketing Certificate for this location and you are renewing or updating information for that certificate. If this firm has changed location or ownership, please submit a new application to obtain a certificate for this facility.

1. **Name of Firm:** Enter the full name of business, corporation, company, or organization applying for a certificate.
2. **DBA:** Enter any other name(s) your company is doing business as.
- 3.–5. **Facility Address:** Enter the number, street, city, state, and ZIP code for this facility location.
- 6.–8. **Mailing Address:** Enter the full mailing address if different from the facility address.
9. **Business Operator:** Enter the full name of the person who manages the operations of your business and their title.
10. **Business Telephone Number:** Enter the daytime business telephone number for your business.
11. **Business FAX Number:** Enter your business FAX number.
12. **24-Hour Emergency Telephone Number:** Enter the telephone number to be called in the event of an emergency.
13. **E-mail Address:** Enter the facility e-mail address.
14. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
15. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
16. **Correspondent FAX Number:** Enter the daytime business FAX number of the contact person.
17. **Country:** Enter the country where your facility is located, if outside of the United States.
18. **FDA CFN or FEI:** Enter your U.S. Food and Drug Administration Central File Number or Federal Establishment ID if known.
19. **Website:** Enter the website address for your business if applicable.
20. **Interstate Commerce:** Place an (X) in the boxes that correctly describe your business' receipt or distribution of products or materials through or into interstate commerce.
21. **Type of Ownership:** Place an (X) in the box adjacent to the appropriate legal description of the business' ownership.
22. **Corporate Name:** Enter the corporate name if applicable. Enter the State of Incorporation if applicable.
23. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
24. **Type of Shellfish:** Place an (X) in the box adjacent to the types of shellfish that your firm handles. Check all that apply.
25. **Shellfish Held in Wet Storage (Temporarily Store in Water):** Answer yes or no by placing an (X) in the box adjacent to the correct answer. This activity must be approved and permitted by CDPH-FDB before use.
26. **Shellfish Leaving the State or Distributed to California Dealers that Will Ship Them Out of State:** Answer yes or no by placing an (X) in the box adjacent to your answer. Interstate distribution of molluscan shellfish requires the dealers to be certified to the Interstate Certified Shellfish Shippers List before distribution.
27. **Who do you sell your product to:** Check all that apply to your operation by placing an (X) in the box adjacent to the entity type that best describes your customers, ie. wholesalers, retailers, or distributors.
28. **Shellfish Stored at Your Facility:** Answer yes or no by placing an (X) in the box adjacent to your answer. If you answer "no", enter the name and address of the firm where shellfish are held.
29. **Description That Fits Your Shellfish Activities:** Place an (X) in the box adjacent to the description that fits your shellfish activities.
30. **Sign the application, enter date signed, and print your name and title.**

MAIL APPLICATION TO:

Regular Mail: California Department of Public Health
Food and Drug Branch - Cashier
MS 7602
P.O. Box 997435
Sacramento, CA 95899-7435

Overnight Mail: California Department of Public Health
Food and Drug Branch - Cashier
1500 Capitol Avenue, MS-7602
Sacramento, CA 95814

Call the Food and Drug Branch at (916) 324-2170 if you have additional questions about this application.