

Instructions for Completing the Shellfish Handling and Marketing Certificate 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 that certificate. If this firm has changed location or ownership, please submit a new application for certification of that facility.

1. **Name of Firm:** Enter full name of business, corporation, company, or organization applying for licensure.
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 or P.O Box.
9. **Country:** Enter the country where your facility is located if outside of the United States.
10. **FDA CFN or FEI:** Enter your U.S. Food and Drug Administration Central File Number or Federal Establishment ID if known.
11. **Website:** Enter the website address for your business if applicable.
12. **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.
13. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
14. **Owner's Name/Corporate Name:** Enter the owner's name here or (if applicable) the name of the corporation.
15. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
16. **Type of Shellfish:** Place an (X) in the box adjacent to the types of shellfish that your firm handles. Check all that apply.
17. **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.
18. **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. Otherwise, dealer will be listed on the CA Only Shellfish Shippers List.
19. **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.
20. **Description That Fits Your Shellfish Activities:** Place an (X) in the box adjacent to the description that fits your shellfish activities.
21. **Owner's Signature, Printed Name, Title, Date:** This section **must** be signed by the majority owner of the business to authorize not only the application, but the representatives and/or signatories whom they authorize to speak on behalf of the firm.
22. **Business Operator:** Enter the full name of the person who manages the operations of your business and their title.
23. **Business Telephone Number:** Enter the daytime business telephone number for your business.

- 24. **24-Hour Emergency Contact Number:** Enter the phone number where the firm may be reached in the event of an emergency.
- 25. **Business Operator E-Mail Address:** Enter the e-mail address of the business operator, or the main company e-mail box.
- 26. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
- 27. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
- 28. **Correspondent Alternate Phone #:** Enter the correspondent's alternate number or another number that can be called for information.
- 29. **Correspondent E-mail Address:** Enter the facility e-mail address.

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| Please make all checks payable to: <u>CA Department of Public Health</u> | | | |
| Mail Application and checks 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 (800) 495-3232 if you have additional questions about this application.