

SHELLFISH HANDLING AND MARKETING CERTIFICATE APPLICATION**All fields must be completed. Incomplete Applications will result in delayed license issuance.**

See Page 2 for Instructions.

License Number (if not new): _____

☐ **NEW APPLICANT** ☐ **RENEWAL APPLICANT**
☐ **OWNERSHIP CHANGE** ☐ **RELOCATION**—Previous Address:

1. Name of Firm			6. Mailing Address (if different or P.O. Box number)		
2. DBA (List additional DBAs on separate sheet)			7. Mailing Address (continued)		
3. Facility Address (number, street)			8. Mailing City	State	ZIP Code
4. Facility Address (continued)			9. Country (other than United States)		10. FDA CFN or FEI #
5. Facility City	State	ZIP Code	11. Website (URL)		

Authorized Representatives:

12. Owner or Manager Name	13. Telephone Number	14. Emergency Number	15. E-Mail Address
16. Contact Name for Facility	17. Telephone Number	18. Alternate Cell Phone #	19. E-mail Address

20. Interstate Commerce: ☐ Product Shipped ☐ Product or Raw Materials Received ☐ N/A

21. Type of Ownership

☐ Individual/Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Nonprofit
☐ Other:

21. Corporate Name (if applicable)	State of Incorporation
22. Owners' and/or Corporate Officers' Names	Owners' and/or Corporate Officers' Titles

23. Type of Shellfish (check all that apply)

☐ Fresh ☐ Frozen ☐ Oysters ☐ Clams ☐ Mussels ☐ Scallops (with roe or attached to shell)
24. Will any shellfish be held in a tank or body of water (wet storage)? ☐ Yes ☐ No25. Will any shellfish leave the State of CA or you want to be listed on the Interstate Certified Shellfish Shippers List (ICSSL)?
☐ Yes ☐ No
26. Will the shellfish be stored at your facility? ☐ Yes ☐ No If no, location they will be stored:

27. Please check your shellfish dealer activities at this location:

☐ Shellstock are depurated. ☐ Shellfish are fully shucked and placed in containers
☐ Shellfish are shucked on the half-shell. ☐ Shucked shellfish are repackaged from larger to smaller containers.
☐ Shellstock is harvested and distributed. ☐ Shellstock is repacked from larger to smaller containers.
☐ Shellfish is stored and distributed in original containers.
NO FEE IS REQUIRED FOR THIS LICENSE. CERTIFICATION PERIOD ENDS MARCH 31ST

The Food and Drug Branch **MUST BE NOTIFIED IMMEDIATELY** of any changes in the above information as provided by California Health and Safety Code, Section 110475. Under penalties of perjury, I declare that the information included with this application and all attachments are true, correct, and complete. I also give permission for the below authorized representatives and/or signatories to speak about the application with CDPH.

28. Owner's Signature	Owner's Printed Name	Title OWNER/	Date
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-End of Application-**Please review your application to ensure all fields have been completed.****Do Not Write Below This Line. CDPH FDB use only.**

License Number	Expiration Date	Date Received	Payment Type	Amount \$
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Instructions for Completing the Shellfish Handling and Marketing Certificate Application

(Do not include instruction with completed 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.
- 12–15. **Owner's or Manager's Contact Information:** Enter the owner's or manager of facility's telephone number, emergency number where the facility may be reached in the event of an emergency, and e-mail address.
- 16–18. **Facility Representative's Contact Information:** Enter the facility's representative's name, phone number, alternate cell phone number, and e-mail address.
19. **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.
20. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
21. **Corporate Name:** If applicable, enter the corporate name here.
22. **Owners' and/or Corporate Officers' Names and Titles:** List the business owners' or officers' names and titles.
23. **Type of Shellfish:** Place an (X) in the box adjacent to the types of shellfish that your firm handles. Check all that apply.
24. **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.
25. **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.

26. **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.
27. **Description That Fits Your Shellfish Activities:** Place an (X) in the box adjacent to the description that fits your shellfish activities.
28. **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.

Please 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

Contact the Food and Drug Branch at FDBFood@cdph.ca.gov if you have additional questions about this application.