



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
MAIL TO: BUREAU OF FINANCE/RECEIPTS UNIT-FOOD PROTECTION
129 PLEASANT STREET, CONCORD, NH 03301
Telephone: 603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964
Website: www.dhhs.nh.gov E-mail: foodprotection@dhhs.state.nh.us**

APPLICATION FOR SHELLFISH CERTIFICATION

Note: Payment to be in the form of a check or money order made payable to Treasurer State of NH

RS-407582

¹Full Legal Name of Harvester/Dealer (Corporation, LLC or Owner) _____

²Name of Shellfish Harvester or Dealer _____

³Location of Shellfish Harvester or Dealer (Street) _____ (Town, State) _____ (Zip) _____

⁴Mailing Address (if different) _____ (Town, State) _____ (Zip) _____

⁵Telephone # of Facility (_____) _____ ⁶Emergency Contact Telephone # (_____) _____

⁷Fax # (_____) _____ ⁸Email Address _____

⁹Name of Person in Charge at Shellfish Processing Plant _____

¹⁰Type of Ownership ¹¹Type of Certificate ¹²Certificate # _____

Sole Proprietorship Corporation New Facility

Joint Venture Limited Liability Renewal/Recertification

Partnership Other (Specify) _____

¹³Town Water Yes No

¹³Town Wastewater Yes No

¹⁴Class of Certificate

^a Reshipper (\$175.00) ^b Shellstock Shipper (\$350.00) ^c Repacker (\$875.00)

^d Shucker Packer (\$1100.00) ^e Depurator (\$1750.00)

***Submit all supporting documentation. Incomplete applications will be returned.**

¹⁵	<input type="checkbox"/> Type of Shellfish to be processed _____
¹⁶	Shellfish process plant schedule of operation: a) Weeks per year _____ b) Days of week of operations _____ c) Hours of operation _____
¹⁷	<input type="checkbox"/> Written results of laboratory analysis of water for bacteria, nitrates and nitrites. Results must be less than 6 months old. (n/a if Town Water)
¹⁸	<input type="checkbox"/> New applications only: Copy of Certificate of Approval for Operation of the septic system. (n/a if Town Wastewater)
¹⁹	<input type="checkbox"/> A list of all sources from which shellfish shall be obtained _____
²⁰	Description of all vehicles used to transport shellfish (use additional sheets if necessary) Make of vehicle _____ Year of Manufacture _____ VIN _____ Color _____ NH State motor vehicle registration number _____ Make of vehicle _____ Year of Manufacture _____ VIN _____ Color _____ NH State motor vehicle registration number _____
²¹	<input type="checkbox"/> New applications only: Floor Plan Review – Include additional \$75.00 review fee. See Application Form SSFPAPP 10-01-14.
²²	<input type="checkbox"/> New applications only: HACCP Plan

I, (print name & title)^(23,24) _____, certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Food Protection Section with regard to any changes, corrections or updates to the information provided.

SIGNATURE OF DEALER: ²⁵ _____ DATE OF APPLICATION: ²⁶ _____

-----DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY-----

Date App Received _____ Check # _____ Check Amount _____ Date approved by SSO _____

INSTRUCTIONS FOR COMPLETING APPLICATION FOR SHELLFISH CERTIFICATION

Please fill in all blanks, if not applicable enter "NA"

1. **Full Legal Name of Harvester/Dealer** - Provide the full legal name of the corporation, LLC or owner(s) of the Shellfish Dealer and/or Harvester.
2. **Name of Facility** - Provide the full name of the Shellfish Harvester/Dealer.
3. **Location** - Provide location of Shellfish Processing Plant, Harvester or Dealer to include street number, street name, city/town, state, and zip code.
4. **Mailing Address** - Provide mailing address if different than Shellfish Processing Plant, Harvester or Dealer location.
5. **Telephone # of Facility** - Provide the on-site telephone number for the Shellfish Processing Plant, Harvester or Dealer.
6. **Emergency Contact Telephone Number** - Provide telephone number for individual who should be contacted in an emergency.
7. **Business Fax Number** - For faxing information.
8. **Email Address** - Provide Email address.
9. **Name of Person in Charge at Shellfish Processing Plant** - Provide the name of the individual who is in charge at the Shellfish Processing Plant, Harvester or Dealer.
10. **Type of Ownership** - Check the appropriate ownership type of the establishment, if other please specify.
11. **Type of Certificate** - Check the appropriate license type that you are applying for.
12. **Current Certificate #** - Provide current certification number if known, otherwise please leave blank.
13. **Town Water/Town Wastewater** - Circle "Yes" if establishment has town water or wastewater, "No" if it does not. If "No" refer to water and wastewater requirements document.
14. **Type of Certificate** - Check the appropriate classification.
 - a. **Reshipper-(RS)** means a person who purchases shellfish from dealers and sells the product without repacking or relabeling to other dealers, wholesalers or retailers.
 - b. **Shellstock Shipper-(SS)** means a dealer who grows, harvest, buys, or repacks and sells shellstock. They are not authorized to shuck shellfish nor to repack shucked shellfish. A shellstock shipper may also buy, repack and sell in-shell product as well as ship shucked shellfish.
 - c. **Repacker-(RP)** means any person, other than the original certified shucker-packers, who repackages shucked shellfish into other containers.
 - d. **Shucker Packer-(SP)** Means a person who shucks and packs shellfish. A shucker-packer may act as a shellstock shipper or reshipper or may repack shellfish originating from other certified dealers.
 - e. **Depurator Processor-(DP)** means a person who harvests or receives shellstock from growing areas in the approved or conditionally approved, restricted or conditionally restricted classification and submits such shellstock to an approved depuration process.
15. **Types of Shellfish to be processed** - List all types of shellfish processed, including clams, oysters or mussels either shucked or in shell, fresh or frozen, whole or in part.
16. **Schedule of operations** - Provide the following: a) Weeks of operation, b) Days of operations, c) Hours of operations.
17. **Water Source** - The dealer shall provide a potable water supply in accordance with applicable federal, state and local regulations. If the water supply is from a private source, the dealer shall make arrangements to have the water supply sampled by persons recognized by the Authority and tested at laboratories sanctioned or certified by the Authority: 1) Prior to use of the water supply; 2) Every six (6) months while the water supply is in use; and 3) After the water supply has been repaired and disinfected. Written results of laboratory analysis of water for bacteria, nitrates and nitrites must be submitted. Results must be less than 6 months old. (n/a if Town Water)
18. **Wastewater** - Provide copies of Certificate of Approval for operations of septic system. (n/a if Town Wastewater.)
19. **Sources** - Submit a list of all sources from which shellfish shall be obtained.
20. **Description of Vehicles to transport Shellfish** - All vehicles used for the transportation of shellfish must be listed including the make of vehicle, the vehicle identification number, the year of manufacture, the color and the state motor vehicle registration number.
21. **New applications only:** Floor Plan Review – Include additional \$75.00 review fee. See Application Form SSFPAPP 10-01-14.
22. **New applications only:** HACCP Plan.
23. **Printed Name** - Print full name of Shellfish Processing Plant's legal owner, signing application or officer or legal owner who applies for the license.
24. **Title of applicant** - Provide title of Shellfish Processing Plant's applicant.
25. **Signature of Applicant** - Provide original signature of Shellfish Processing Plant's applicant.
26. **Date of Application** - Provide current date of application.

SUBMITTING YOUR APPLICATION

1. Payment shall be made in the form of a check or money order payable to "Treasurer, State of New Hampshire", and must accompany application. Payments are non-refundable and non-transferable.
2. Incomplete or illegible applications or applications not accompanied by payment, water test results, product list, or any other applicable attachments, will be returned. Completed application(s) should be forwarded to Bureau of Finance/Receipts Unit–Food Protection, 129 Pleasant St, Concord, NH 03301.

For additional information or for further assistance, please contact the NH Department of Health and Human Services, Division of Public Health Services, Food Protection Section at (603) 271-4589 or foodprotection@dhhs.state.nh.us.