



**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: dhhs.foodprotection@dhhs.nh.gov**

APPLICATION FOR NEW 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 Dealer (Corporation, LLC or Owner) _____

²Name of Shellfish Dealer _____

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

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

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

⁷Email Address _____

⁸Name of Person in Charge _____

⁹Type of Ownership

- Sole Proprietorship Corporation
- Joint Venture Limited Liability
- Partnership Other (Specify)

¹⁰ Town Water Yes No

¹⁰ Town Wastewater Yes No

¹¹ Class of Certificate

^a Reshipper (\$175.00)

^b Shellstock Shipper (\$350.00)

^c Repacker (\$875.00)

^d Shucker Packer (\$1100.00)

^e Depurator (\$1750.00)

¹² Permit Designation N/A

^a Aquaculture

^b Post-Harvest Processing

^c Wet Storage

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

¹³ <input type="checkbox"/>	Type of Shellfish to be processed _____
¹⁴ <input type="checkbox"/>	Shellfish dealer schedule of operation: a) Weeks per year _____ b) Days of week of operations _____ c) Hours of Operation _____
¹⁵ <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)
¹⁶ <input type="checkbox"/>	Copy of Certificate of Approval for Operation of the septic system. (n/a if Town Wastewater or if applying for Reshipper certification)
¹⁷ <input type="checkbox"/>	HACCP Plan

I, (print name & title)^(18,19) _____, 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 APPLICANT: ²⁰ _____ DATE OF APPLICATION: ²¹ _____

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

Date App Received _____ Check # _____ Check Amount _____

Date approved by SSO or SSI _____ Certification # _____

INSTRUCTIONS FOR COMPLETING APPLICATION FOR SHELLFISH CERTIFICATION

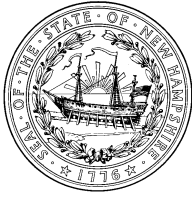
Please fill in all blanks, if not applicable enter "NA"

1. **Full Legal Name of Dealer** - provide the full legal name of the corporation, LLC or owner(s) of the Shellfish Dealer.
2. **Name of Facility**- provide the full name of the Shellfish Dealer.
3. **Location** - provide location of Dealer to include street number, street name, city/town, state, and zip code.
4. **Mailing Address** - provide mailing address if different than Dealer location.
5. **Telephone # of Facility**- provide the on-site telephone number for the Shellfish Dealer.
6. **Emergency Contact Telephone Number** - provide telephone number for individual who should be contacted in an emergency.
7. **Email Address** – provide Email address.
8. **Name of Person in Charge** - provide the name of the individual who is in charge at the shellfish operations.
9. **Type of Ownership** - check the appropriate ownership type of the establishment, if other please specify.
10. **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.
11. **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.
12. **Type of Permit** – check the appropriate permit designation that you are applying for. Check N/A if not applicable.
 - a. **Aquaculture-(AQ)** means cultivating shellfish in controlled conditions for human consumption.
 - b. **Post-Harvest Processing-(PHP)** means any process which uses validated processes to reduce pathogenic hazards below the appropriate FDA or ISSC action levels.
 - c. **Wet Storage-(WS)** means the storage of shellstock from growing areas in approved classification or in open status of the conditionally approved classification in containers or floats in natural bodies of water or in tanks containing natural or synthetic seawater at any permitted land-based activity or facility.
13. **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.
14. **Schedule of operations**-Provide the following: a) Weeks of operation, b) Days of operations, c) Hours of Operations.
15. **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)
16. **Wastewater** – Provide copies of Certificate of Approval for operations of septic system. (n/a if Town Wastewater or if applying to be a Reshipper)
17. **HACCP Plan** – Provide a Hazard Analysis Critical Control plan specific to the shellfish Dealer's activities.
18. **Printed Name.**-Print full name of Shellfish Dealer's legal owner, signing application or officer or legal owner who applies for the license.
19. **Title of applicant**-Provide title of Dealer's applicant.
20. **Signature of Applicant**-Provide original signature of Shellfish Dealer's applicant.
21. **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 dhhs.foodprotection@dhhs.nh.gov



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
FOOD PROTECTION SECTION**

29 HAZEN DRIVE, CONCORD, NH 03301-6504
603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964
Website: www.dhhs.nh.gov E-mail:
dhhs.foodprotection@dhhs.nh.gov

Variance Request Form

Name of Shellfish Harvester or Dealer: _____

Certification Number: _____

Address _____

Telephone: _____

Please reference the specific Shellfish Rule or Model Ordinance Item for which you are applying for a variance.

Shellfish Rule or Model Ordinance Reference Number: _____

Rule Description: _____

Please provide a full explanation of why the variance is necessary.

Please provide a written plan for future compliance with the rule(s) or, as an alternative, a written plan detailing how you will satisfy the intent of the rule(s). (Attach any supporting documentation, if applicable)

Date: _____ Applicant Name: _____ Applicant Signature: _____

Variance granted

Variance denied

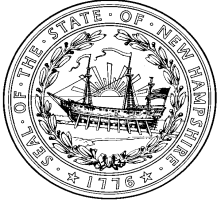
1) This variance pertains to the above-mentioned rule only, and shall not be deemed permission to waiver from any other requirement outlined in the He-P 2150-2159 the *NH Shellfish Sanitation Rules*.
2) This variance shall be considered null and void at such time one of more of the following events should occur: Change of ownership, renovation, failure to comply with said variance.

3) ***Note: For violating a variance approved in accordance with He-P2153.14, the fine shall be \$500.**

Comments:

Please note, if a variance is granted, it will expire on the date as specified in the comments. ~~Application.~~

Colleen Smith, Administrator (Date)
NH Division of Public Health Services
Food Protection Section



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Application for Shellfish Relay

RS 407582

Send completed application and fee of \$50 (payment to be in form of check or money order made payable to Treasurer, State of NH) to:
 Department of Health and Human Services
 Bureau of Finance/Receipts Units - Food Protection Section
 129 Pleasant St., Concord, NH 03301

To allow time for processing, applications must be submitted 30 days prior to the requested date of relay and issued permit will only be valid for dates specified on application. New application is required if new dates are requested.

Applicant Name: _____
 (Last name printed) (First name printed)
Name to appear on Permit: _____
 (Print Name to Appear on Permit i.e. Company Name or Doing Business As (dba))
Address: _____
 (Street) (City, State, Zip Code)
Business Phone: _____ **email:** _____

Requested relay dates: Start date: _____ **End date (if not the same date as Start date):** _____

State Authorized Relay Supervisor (1): _____
 (Name and Address)

Business Phone: _____ **email:** _____

State Authorized Relay Supervisor (2): _____
 (Name and Address)

Business Phone: _____ **email:** _____

State Authorized Relay Supervisor (3): _____
 (Name and Address)

Business Phone: _____ **email:** _____

PART I – SHELLFISH WILL BE REMOVED FROM:

No relay is allowed from areas classified Prohibited or Conditionally Restricted in the “closed” status.

Shellfish Species/Amount	City/Town	Lease Identifier
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART II – SHELLFISH WILL BE RELAYED TO:

Shellfish Species/Amount	City/Town	Lease Identifier

Will any shellfish listed in PART I be brought to shore? Yes or No (circle)
If 'yes', please complete PART IV.

Type of Relay: Container No container/broadcast

If container relaying will be used, describe the containers (type, size, materials) in detail and the system of container identification. Must be sufficient to locate and avoid re-harvest of shellfish in containers that have not completed the relay process.

PART III – BOAT IDENTIFICATION

1. Name _____ Registration No. _____
Color _____ Size _____ Make _____
Marine head with discharge? Yes or No (circle) Documented _____
Captain _____ Date of Birth _____
Owner/Other information _____

2. Name _____ Registration No. _____
Color _____ Size _____ Make _____
Marine head with discharge? Yes or No (circle) Documented _____
Captain _____ Date of Birth _____
Owner/Other information _____

PART IV – IF ANY SHELLFISH IN PART I WILL BE BROUGHT TO SHORE

1. Name of Individual/Company that will transport shellfish listed in PART I: _____

2. Location of Landing/Loading Docks: _____
(Name of dock, street, town)

3. Vehicle to be used for transporting: _____
(Type, make, model, year, registration)

PART IV – IF ANY SHELLFISH IN PART I WILL BE BROUGHT TO SHORE (cont.)

4. Expected dates and times of start and completion of the landing/loading operations (be specific – extensions can be applied for if needed): _____

5. Location of receiving point for shellfish transported in vehicle noted in 3. above: _____

(Name of dock) (Street) (Town)

6. If shellfish are to be stored at this location (noted in 5. above) rather than loaded on boat for immediate delivery to waters listed in part II, please note area, method, and length of storage:

(Area and method of storage) (Expected length of storage)

**PART V – DETAILED DESCRIPTION OF PROPOSED RELAY PROCESS
(If additional space is required please provide as attachment.)**

“I 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 applicant: _____ Date: _____

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Date App Received: _____ **Effective Period:** _____ **Date approved by SSO:** _____



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Wet Storage Permit Application

RS 407582

Send completed applications and fee of \$50 (payment to be in form of check or money order made payable to Treasurer, State of NH) to:
 NH Department of Health and Human Services
 Bureau of Finance/Receipts Units - Food Protection Section
 129 Pleasant St., Concord, NH 03301

To allow time for processing, applications must be submitted 60 days prior to the requested date of activity. Note that due to the complexity of some wet storage processes, the permit process may take more than 60 days.

PLEASE TYPE OR PRINT

DATE OF REQUEST: _____ **CERTIFICATE # NH:** _____

Applicant Name/Name on Certificate: _____
 (Print Name to Appear on Permit/Name on Certificate)

Address: _____
 (Street) (City, State, Zip Code)

Business Phone: _____ **email:** _____

Submit all supporting documentation. Incomplete applications will be returned.

- An operational plan as required by NSSP Guide, Chapter 7, Section .01 B (2) and Section .04 B (1)-(3).
- Water system documentation which meets the requirements in He-P 2153.06 for wet storage in artificial bodies of water (land-based).
- Water treatment system description and maintenance plan for wet storage in artificial bodies of water (land-based).
- A flow chart identifying each step in artificial bodies of water (land-based).
- A description of cleaning procedures and a cleaning schedule.

PART I – PURPOSE OF WET STORAGE ACTIVITIES

Provide a narrative explaining the purpose for the wet storage activities, such as holding or conditioning.

PART II – LOCATION OF WET STORAGE SITE and SOURCE WATER:

Type of Wet Storage:

- Land Based/Flow Through System
- Land Based/Recirculating System

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Signature of applicant: _____ **Date:** _____

Printed Last/First Name of Applicant: _____

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Wet Storage Permit Number: _____ **Approved** **Denied**

Effective Period: _____ **Date App. Received:** _____ **Effective Period:** _____

[relay app has SSO approval. Add?]

Comments: _____

