



NICOLE "NIKKI" FRIED  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Aquaculture

**SHELLFISH PROCESSING CERTIFICATION  
APPLICATION**

Rule 5L-1.005, F.A.C.

Processing Plant Certification #: \_\_\_\_\_

License to Wholesale Saltwater Products #: \_\_\_\_\_

Aquaculture Certificate of Registration #: \_\_\_\_\_  
(If Applicable)

Applicant's Name of Firm, Corporation, or Establishment: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Registered Agent Address: \_\_\_\_\_  
*Owner/person designated by the owner to legally represent the firm and to be served by the Department.*

**Contact Information:**

Business #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Website Address: \_\_\_\_\_

Business Hours: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**Facility Contacts:**

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Facility Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_

HACCP Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_

**If business is Incorporated, please fill out additional contacts below:**

Corporation State: \_\_\_\_\_

President's Name: \_\_\_\_\_

Vice President's Name: \_\_\_\_\_

**FACILITY INFORMATION:**

**Shellfish Facility Type\***

- Shellstock Shipper Only
- Shucker-Packer-Shellstock
- Repacker

*\*Select only one of the above facility types*

**Types of Product(s)\***

- Clams
- Oysters
- Mussels
- Scallops

*\*Please select ALL that apply*

Type of Treatment:    PHP    Wet Storage    Depuration    N/A

Does Another Agency Inspect the Facility?    Yes    No   If Yes, Who: \_\_\_\_\_  
*(e.g. Food Safety, FDA, USDA, etc.)*

**TYPE(S) OF WATER:**

**City or Municipality:** Used to Wash Down Equipment/Product:    Yes    No

**Well:** Used to Wash Down Equipment/Product:    Yes    No

**Limited Use Public Well System:** Used to Wash Down Equipment/Product:    Yes    No

Does Another Agency Check Your Water Supply?    Yes    No

If Yes, Who: \_\_\_\_\_  
*(e.g. Food Safety, FDA, USDA, etc.)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit by Email, Fax, or Mail To:**

**Email Address:** Aqua\_PPCIP@FreshFromFlorida.com  
**Telephone #:** 850-617-7600; **Fax #:** 850-617-7601

**Mail:** Florida Department of Agriculture and Consumer Services  
Division of Aquaculture  
600 South Calhoun Street  
Holland Bldg., 2<sup>nd</sup> Floor  
Suite 217  
Tallahassee, Florida 32399