



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Aquaculture

**SHELLFISH PROCESSING  
CERTIFICATION APPLICATION**

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

License to Wholesale  
Saltwater Products # \_\_\_\_\_  
(Date Issued)

Aquaculture Certificate #: \_\_\_\_\_  
(Date Issued)

Applicant \_\_\_\_\_  
(Name of Firm, Corporation or Establishment)

Physical Address \_\_\_\_\_  
(Street & Number) (Town) (County) (Zip)

Mailing Address \_\_\_\_\_  
(Street & Number) (Town) (County) (Zip)

Registered Agent Address \_\_\_\_\_  
(This is the owner or the person that the owner designates to legally represent the firm and will be served by the Department.)

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

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

Business hours: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Applicant Statement:

Pursuant to Chapter 5L, Florida Administrative Code, this application is hereby submitted for approval and certification to operate as a shellfish processing establishment as designated below:

<u>Shellfish Facility</u>		<u>Type of Product</u>	
Shellstock Shipper Only	<input type="checkbox"/>	Oysters	<input type="checkbox"/>
Shucker-Packer-Shellstock	<input type="checkbox"/>	Clams	<input type="checkbox"/>
Repacker	<input type="checkbox"/>	Mussels	<input type="checkbox"/>
Depuration Processor	<input type="checkbox"/>	Scallops	<input type="checkbox"/>

Type of treatment (circle if applicable):    PHP    Wet Storage    Depuration

Does any other agency inspect your facility:    YES \_\_\_ NO \_\_\_ WHO \_\_\_\_\_  
(e.g. Food Safety, FDA, USDA, ect...)

**SHELLFISH PROCESSING CERTIFICATION APPLICATION  
(CONTINUED)**

Is Firm Incorporated: YES \_\_\_\_\_ NO \_\_\_\_\_

A. If **YES**, Complete the following:

In what state \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

B. If **NO**, Complete the following:

Owner \_\_\_\_\_ Contact # \_\_\_\_\_

Manager \_\_\_\_\_ Contact # \_\_\_\_\_

HACCP Manager \_\_\_\_\_ Contact # \_\_\_\_\_

Type(s) of water:

**CITY /MUNICIPALITY:** YES \_\_\_\_\_ NO \_\_\_\_\_

**WELL:** YES \_\_\_\_\_ NO \_\_\_\_\_

Chlorinated: YES \_\_\_\_\_ NO \_\_\_\_\_

Used to wash product: YES \_\_\_\_\_ NO \_\_\_\_\_

Limited use public well system: YES \_\_\_\_\_ NO \_\_\_\_\_

Depth of well: \_\_\_\_\_ ft /meters

Does any other agency check your water supply: YES \_\_\_\_\_ NO \_\_\_\_\_ WHO \_\_\_\_\_

SUBMIT TO: Florida Department of Agriculture and Consumer Services  
DIVISION OF AQUACULTURE  
600 South Calhoun Street, Suite 217  
Mail Station H3  
Tallahassee, Florida 32399

Respectfully submitted,

\_\_\_\_\_  
(Signature of Owner and/or Registered Agent)

\_\_\_\_\_  
(Date)