APPLICATION FOR SHELLFISH DEALER CERTIFICATION

State Form 54654 (R / 5-13)
Indiana State Department of Health
Food Protection Program

INDIANA STATE DEPARTMENT OF HEALTH
100 North Senate Ave., N855
Indianapolis, IN 46204
(317) 234-8569

INSTRUCTIONS: This form is to be completed and submitted by the operator of an Indiana wholesale firm requesting certification and assignment or continuance of an Interstate Certified Shellfish Shippers List (ICSSL) certification number under the National Shellfish Sanitation Program (NSSP) to engage in the interstate distribution of raw molluscan shellfish. Certification must be renewed annually. Mail completed application to the Indiana State Department of Health, 2 N. Meridian Street, Dept. 5C, Indianapolis, IN 46204. For renewals, submit application at least thirty days prior to expiration of current certification.

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Name of Firm (*please print*):_____

Physical Address of Firm:_____
Street City State ZIP code

Telephone: _____ Fax: _____

Email: _____

Mailing Address: _____
Street City State ZIP code

Current Certification Number of Firm (*if applicable*):_____

Owner's Name and Telephone Number:_____

Owner's Address _____
Street City State ZIP code

Check all products that will be distributed raw in interstate commerce:

☐ **Oysters**	☐ *Shellstock*	☐ *Shucked*	☐ *Frozen*
☐ **Hard Clams**	☐ *Shellstock*	☐ *Shucked*	☐ *Frozen*
☐ **Soft Clams**	☐ *Shellstock*	☐ *Shucked*	☐ *Frozen*
☐ **Mussels**	☐ *Shellstock*	☐ *Shucked*	☐ *Frozen*
☐ **Scallops***	☐ *Shellstock*	☐ *Shucked*	☐ *Frozen*

*Scallops are exempt if consisting of only adductor muscle.

Check all the firm's activities that apply to raw molluscan shellfish involved in interstate commerce:

☐ **Distribution**	☐ **Repacking**	☐ **Shucking**

Type of certification requested (*check one*):

☐ **Depuration Processor (DP)**	☐ **Repacker (RP)**	☐ **Reshipper (RS)**
☐ **Shucker-Packer (SP)**	☐ **Shellstock Shipper (SS)**	

Indicate if this is application is for initial certification or renewal (*check one*):

☐ **Initial Certification**	☐ **Renewal**

_____ _____ _____
Authorized Signature Printed Name and Title of Applicant Date *(month, day, year)*