



ENHANCE • PROTECT • CONSERVE

Application for Certified Seafood Dealer/Processor

Form 5-2016

<input type="checkbox"/> New <input type="checkbox"/> Renewal		Date
Name of Facility		Certificate #
If new: <input type="checkbox"/> Driver License (<i>Attach copy.</i>)	<input type="checkbox"/> Seafood Dealer Lic - Type/#	
Check all apply: <input type="checkbox"/> Shrimp <input type="checkbox"/> Crab <input type="checkbox"/> Oyster <input type="checkbox"/> Fish <input type="checkbox"/> Other Species		
<input type="checkbox"/> Processing Facility <input type="checkbox"/> Retail Facility <input type="checkbox"/> Roadside Vendor <input type="checkbox"/> Cold Storage <input type="checkbox"/> Boat Freezer/Cooler		
<input type="checkbox"/> Land Based <input type="checkbox"/> Leased Area <input type="checkbox"/> Depuration <input type="checkbox"/> Wet Storage <input type="checkbox"/> PHP <input type="checkbox"/> IQF <input type="checkbox"/> Irradiation <input type="checkbox"/> Aquaculture		
<input type="checkbox"/> Others <input type="checkbox"/> Seafood Truck. How many? <input type="checkbox"/> Cooler. How many? <input type="checkbox"/> Freezer. How many?		
Physical Address		
City		State/Zip Code
Mailing Address		
City		State/Zip Code
Facility Manager Name		Phone Number
Email Address		FAX
Facility is (check one): <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
Owner Name		Phone Number
Have you taken the Hazard Analysis and Critical Control Points (HACCP) Training?		<input type="checkbox"/> Yes (<i>Attach copy.</i>) <input type="checkbox"/> No
Have you taken the Mississippi Shellfish Education Course?		<input type="checkbox"/> Yes (<i>Attach copy.</i>) <input type="checkbox"/> No
What is your County or City (Circle one) Privilege License Number?		
Comments:		
Applicant Signature		Seafood Officer Name