



**pennsylvania**  
DEPARTMENT OF AGRICULTURE  
BUREAU OF FOOD SAFETY & LABORATORY SERVICES

# APPLICATION PACKET SHELLFISH CERTIFICATION

## SHELLFISH PROCESSOR OR DISTRIBUTOR OR WAREHOUSE

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**APPLICATION AND PLAN REVIEW**  
**SHELLFISH CERTIFICATION**

Enclosed are the necessary forms and applications for obtaining a Shellfish Certification from the Pennsylvania Department of Agriculture. Please be advised that according to The Food Safety Act of 2010 (3 C.S. §§5721 – 5737), "...it shall be the duty of every person operating a food establishment within this Commonwealth to register..." All food establishments under this Act, including shellfish operations, must register prior to operation. Under Chapter 49, Shellfish, wholesale shellfish food establishments must obtain a Shellfish Certification. This would entail being inspected and being found in compliance before the Department can issue a Food Registration and Shellfish Certification. In order to be compliant with Shellfish Certification requirements, food establishments must also be compliant with Seafood HACCP requirements.

The enclosed material must be fully completed, returned with all necessary accompanying documentation, and reviewed by the appropriate Program Specialist, Food Inspector and/or Food Inspector Supervisor with the Bureau of Food Safety & Laboratory Services **prior to work begun in construction, remodeling, alteration of a facility, change in type of food operation, new ownership or the preparation/sale/distribution of foods AND at LEAST 60 days prior to opening.** Please note failure to provide all required information could delay your plan approval. Return all materials to the address below.

The Department will review the plans and notify you of its approval. If your plans are disapproved, you will receive a written letter stating the reasons for the application / plan disapproval. Applications can be resubmitted at any time. Please allow 3 – 4 weeks for processing. **Once you receive your approval, notify your Food Inspector or regional office at least ten (10) days prior to operation to arrange a licensing inspection.**  
Sincerely,

The Bureau of Food Safety & Laboratory Services Staff

**MAILING ADDRESSES:**      **The Pennsylvania Department of Agriculture**  
   **Bureau of Food Safety and Laboratory Services**  
   **Shellfish Program Specialist**  
   **2301 North Cameron Street**  
   **Suite 112**  
   **Harrisburg, PA 17110**

**APPLICATION AND PLAN REVIEW**  
**SHELLFISH CERTIFICATION**

**SECTION 1: COMPLETE AND MOVE TO SECTION 2**

**PART A:** Select the type of facility:

- SP- Shucker/Packer                       SS – Shellstock Shipper                       DP – Depuration Processor  
 RP – Re-packer                               RS - Re-shipper

Wholesale Commerce Sales will be:  Interstate       Intra State                       Inter/Intra State

**PART B:** Select any that apply:

- New Establishment                               Remodel  
 Change of Ownership                               Change of Shellfish or Operation Type  
 Other, Describe: \_\_\_\_\_

**SECTION 2: COMPLETE AND MOVE TO SECTION 3**

**NAME OF FACILITY** (Common public name): \_\_\_\_\_

**ADDRESS OF BUSINESS:**

_____	City	State	Zip code
Facility street number and name			
_____	_____		
County	Township/Borough		
(_____) _____	(_____) _____		
Facility phone number	Facility fax number		
_____	_____		
Facility email address	Facility cell number or alternate phone number		

**MAILING ADDRESS** (If Different Than Above):

_____	City	State	Zip code
Street number and name			

**PROPRIETOR/OWNER TYPE:**  SOLE PROPRIETOR     CORPORATION     NON-PROFIT OR ASSOCIATION  
 PARTNERSHIP                       LIMITED LIABILITY CO. (LLC) OR PARTNERSHIP (LLP)

**RESPONSIBLE OFFICIAL AT THE FACILITY:**

_____	Title
Name	

**LEGAL BUSINESS NAME** (if different than establishment name): \_\_\_\_\_

**LEGAL OWNER MAILING ADDRESS** (if different than above mailing address):

_____	City	State	Zip code
Owner street number and name			
(_____) _____	(_____) _____	_____	
Owner phone number	Owner fax number	Owner e-mail address	

**APPLICATION AND PLAN REVIEW**  
**SHELLFISH CERTIFICATION**

**SECTION 3: COMPLETE AND MOVE TO SECTION 4**

**WATER:** The facility is using:

- A public / municipal water supply. Supplier: \_\_\_\_\_ (ex: PA American Water Company)
  
- A non-municipal / private water supply (example: well water) regulated by DEP. These water supplies must be reviewed by DEP to determine if they are “public” water systems. DEP, Department of Environmental Protection, can be reached at 717-787-9633. Submit written documentation of DEP regulated public water supply, such as your assigned Public Water Supply (PWS) number.
  
- A non-public water supply (one not regulated by DEP). A coliform and nitrate/nitrate test must be completed and current. A copy of the results **MUST** be attached to this application.

**SEWER:** The facility is using:

- A municipal/public sewage disposal system. Name of Sewage Authority: \_\_\_\_\_
  
- A non-public sewage disposal system (examples; Sand mounds, holding tanks). For on-lot sewage disposal systems, please contact the certified Sewage Enforcement Officer for your municipality and discuss if the current sewage disposal system is appropriate for your food establishment. This would not apply if the establishment is connected to an approved municipal supply, as listed above. Attach copy of permit or SEO letter.

**REFUSE:**

- The facility refuse (trash) collector will be: \_\_\_\_\_ (company name)
- Refuse disposal site (if known): \_\_\_\_\_

**SECTION 4: COMPLETE AND MOVE TO SECTION 5**

**HACCP INFORMATION**

- Do you have a Seafood HACCP Trained person on site?  Yes  No
- Do you have a Seafood HACCP Trained person contracted?  Yes  No
- Do you have a Shellfish HACCP Plan for your facility?  Yes  No

**EMPLOYEE INFORMATION?**

- Do you have a PA. Food Employee Certified Food Handler on staff if you sell retail?  Yes  No
- Do you have an employee health policy?  Yes  No

**ZONING AND CODES**

- Have Zoning Requirements been Met?  Yes  No
- Have Code Requirements (electrical, plumbing, ventilation, building etc.) been met?  Yes  No
- Copy of Township or Borough Permit attached?  Yes  No

**CONSTRUCTION (if applicable)**

- Nature of Construction:  Equipment Change  New Construction  Minor Construction

Briefly describe: \_\_\_\_\_

Anticipate Start Date: \_\_\_\_\_

**SECTION 6: ALL APPLICANTS READ AND SIGN**

Anticipated date to begin/open for production: \_\_\_\_\_  
Date

**APPLICATION AND PLAN REVIEW  
SHELLFISH CERTIFICATION**

*Chapter 49, Shellfish, the Rules and Regulations of the PA Department of Agriculture issued under The Food Safety Act of 2010 (3 C.S §§5721 - 5737) , requires that properly prepared plans and specifications for construction, remodeling or alteration of a wholesale shellfish facility must be submitted to and approved by the Department before shellfish can be processed, stored, held, and sold.*

**INDIVIDUAL PERSON:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

**PARTNERSHIP:**

\_\_\_\_\_  
Signature – General Partner

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature – General Partner

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

**CORPORATION OR ASSOCIATION / NON-PROFIT ENTITY:**

\_\_\_\_\_  
Name of Corporation or Non-Profit Entity

\_\_\_\_\_  
Name of current CEO/President/or similar

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Date of Birth of CEO/President/or similar

\_\_\_\_\_  
Signature of Corporate / Association / Non-Profit Official

\_\_\_\_\_  
Official Title of Signatory

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Date

**LIMITED LIABILITY COMPANY (LLC) OR LIMITED LIABILITY PARTNERSHIP (LLP):**

\_\_\_\_\_  
Name of LLC or LLP

\_\_\_\_\_  
Name of Senior Official/General Partner, or Similar

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Date of Birth of Senior Official/General Partner, or Similar

\_\_\_\_\_  
Signature – Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Legibly Print Name

**.....OFFICIAL USE ONLY.....**

**FACILITY TYPE:**  Shellfish Certification  Registration

**APPROVAL**

Approval date \_\_\_\_\_

Applicant contacted date \_\_\_\_\_

Method \_\_\_\_\_

**DISAPPROVAL**

Disapproval date \_\_\_\_\_

Letter mailed to applicant date \_\_\_\_\_

Reasons for denial: \_\_\_\_\_

**REVIEWING INSPECTOR:** \_\_\_\_\_

**STANDARDIZATION EXPIRATION DATE** \_\_\_\_\_

*\*REMINDER: IN ALL CASES, A FACILITY RECORD MUST BE CREATED IN PAFOODSAFETY AND THE APPLICATION SCANNED AND ATTACHED TO THE FACILITY RECORD.*