## APPLICATION FOR CERTIFICATION TO HANDLE OYSTERS, CLAMS, OR MUSSELS PURSUANT TO N.J.S.A. 24:2-1

Complete all information. Submonfirmation email when your	•			attachment to: <a href="mailto:shellfish@doh.nj.g">shellfish@doh.nj.g</a>	<u>ov</u> You will receive	an automated
NEW APPLICANT				RENEWAL APPLICANT – Permit Number:		
CHANGE OF OWNERSHIF DEACTIVATE MY PERMIT			only)	RELOCATION – Perm	it Number:	
Name of Firm as it should appear on the permit				Mailing Address		
DBA or Trade Name				Mailing Address (line 2)		
Facility Address				Mailing City	State	ZIP
Facility City	State <b>NJ</b>	ZIP	County	Email address for official Department correspondence		
WHOLESALE FOOD-COS	METIC	LICENSE				
Each firm must maintain a co	urrent W	/holesale Fo	ood-Cosmetic (WFC	) license. Check below:		
☐ I hold a current and valid	WFC lic	ense #				
An application for a WFC	license	is submitte	d			
For more information, visit t	he WFC	Project's w	ebsite: <u>nj.gov/heal</u>	ch/ceohs/phfpp/wfc		
RESPONSIBLE PERSON						
The responsible person is in guide Department inspector	_	-		prepared to explain the firm's o	operational proce	dures, and will
Full Name of Responsible Person				Direct Contact Phone Number		
Title				Direct Contact Email		
REQUIRED ATTACHMEN	ITS					
For new applicants only:	Hazard A	Analysis Cri	tical Control (HACC	P) plan specific to the applican	nt's operation.	
Supplemental pages 2 ar	nd 3 of th	nis form				
AFFIDAVIT						
I hereby certify that the info	rmation	given in thi	s application is true	e and complete.		
Full Name of Owner/Officer				Title		
·						
Signature			Phone Number for Application Inquiries			

Submit your completed application as an attachment via email to: <a href="mailto:shellfish@doh.nj.gov">shellfish@doh.nj.gov</a>
For alternative submission options, visit our website: <a href="mailto:nj.gov/health/ceohs/phfpp/shellfish">nj.gov/health/ceohs/phfpp/shellfish</a>

SHELLFISH TYPE: OTSTERS	
I will <b>not</b> handle oysters (skip to page 3)	
I will handle oysters (complete all fields in this section)	
TYPE OF OYSTERS HANDLED	
Shellstock Shucked Frozen	
SOURCE OF OYSTERS	
Harvest my own oysters. I hold a current and valid NJDEP license #:	
Buy oysters directly from harvesters (Complete the table below. Attach a separate sheet i	
Name of harvester	NJDEP license #
	1.13
Buy oysters from certified dealers (Complete the table below. Attach a separate sheet if r  Name of certified dealer	Dealer permit #
Name of certified dealer	Dealer permit #
RAW OYSTER OPERATIONS CONDUCTED AT THE APPLICANT FIRM LOCATION	
Shuck and pack oysters	
Repack shucked oysters purchased from certified dealers  Reship shucked oysters purchased from certified dealers	
Reship shellstock oysters purchased from certified dealers	
Ship shellstock oysters purchased from harvesters	
Freeze oysters	
Wet storage of oysters	
Oyster aquaculture farm	
Truck reshipping only	
OYSTERS WILL BE SOLD:	
☐ Within New Jersey ☐ Outside New Jersey	

SHELLFISH TYPE: CLAMS OR MUSSELS	
☐ I will <b>not</b> handle clams or mussels ☐ I will handle clams or mussels (complete all fields in this section)	
TYPE OF CLAMS OR MUSSELS HANDLED	
Hard clams       Shellstock       Shucked       Frozen         Soft clams       Shellstock       Shucked       Frozen         Surf clams/quahogs       Shellstock       Shucked       Frozen         Mussels       Shellstock       Shucked       Frozen	
SOURCE OF CLAMS OR MUSSELS	
Harvest my own clams or mussels. I hold a current and valid NJDEP license #:	
Buy directly from harvesters (Complete the table below. Attach a separate sheet if need	· 1
Name of harvester	NJDEP license #
	1
Buy from certified dealers (Complete the table below. Attach a separate sheet if needed	
Buy from certified dealers (Complete the table below. Attach a separate sheet if needed  Name of certified dealer	Dealer permit #
	· 1
	· 1
	· 1
	· 1
Name of certified dealer	Dealer permit #
	Dealer permit #
Name of certified dealer  RAW CLAMS OR MUSSELS OPERATIONS CONDUCTED BY THE APPLICANT FIRE  Shuck and pack clams or mussels	Dealer permit #
Name of certified dealer  RAW CLAMS OR MUSSELS OPERATIONS CONDUCTED BY THE APPLICANT FIRE  Shuck and pack clams or mussels  Repack shucked clams or mussels purchased from certified dealers	Dealer permit #
RAW CLAMS OR MUSSELS OPERATIONS CONDUCTED BY THE APPLICANT FIRI  Shuck and pack clams or mussels  Repack shucked clams or mussels purchased from certified dealers  Reship shucked clams or mussels purchased from certified dealers	Dealer permit #
RAW CLAMS OR MUSSELS OPERATIONS CONDUCTED BY THE APPLICANT FIRE  Shuck and pack clams or mussels  Repack shucked clams or mussels purchased from certified dealers  Reship shucked clams or mussels purchased from certified dealers  Reship shellstock clams or mussels purchased from certified dealers	Dealer permit #
RAW CLAMS OR MUSSELS OPERATIONS CONDUCTED BY THE APPLICANT FIRI  Shuck and pack clams or mussels  Repack shucked clams or mussels purchased from certified dealers  Reship shucked clams or mussels purchased from certified dealers	Dealer permit #
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