

**National Shellfish Sanitation Program
Guide for the Control of Molluscan Shellfish
2007**

Section V. Suggested Forms

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Shellfish Harvest Record

Company Name: _____

Certificate No: _____

Harvest Area	Harvest Date	Species	Quantity

Page _____

Shellstock Shipper <input type="checkbox"/> Shucker-Packer <input type="checkbox"/>				
Shipped Via:	Port of Embarkation:	Port of Debarkation:		
Identifying Marks:	Total # of Containers:	Total Marked Weight:		
Product:	Class, Type, Style:	Count:	Lot Weight:	Labels/Brand:
The above-named exporter hereby certifies through its authorized agent that this product was harvested from the following harvest area or areas:				
Agent's Signature: _____ Date: _____				
<p>The _____ State Department of Health routinely inspects shellfish operations and shellfish harvest areas to determine their compliance with state shellfish sanitation laws and the requirements of the National Shellfish Sanitation Program. The above named exporter is currently licensed and certified by the Department as indicated above. The above named harvest area is currently certified by the Department of Health as approved for harvest.</p>				
By: _____ Date: _____				
<i>(Appropriate state official/title)</i>				