

**Application for Certificate of Inspection  
Virginia Department of Health  
Office of Environmental Health Services  
Division of Shellfish Sanitation**

The undersigned hereby applies for a Certificate of Inspection to operate an establishment for picking, packing and marketing of crab meat under the name of:

\_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical location: \_\_\_\_\_

If such certificate is granted, the undersigned agrees to comply with: the ***Rules and Regulations for the Sanitary Control of the Picking, Packing and Marketing of Crab Meat for Human Consumption*** (“Sanitary Control Regulations”) that were adopted by the Board of Health pursuant to §28.2-801 and 28.2-806 of the ***Code of Virginia***; the standards in the ***Manual: Sanitation of the Picking, Packing and Marketing of Crab Meat*** (“Manual”) adopted by the State Health Commissioner under §28.2-806 of the ***Code of Virginia***; and the ***Regulations for the Repacking of Crab Meat*** (“Repacking Regulations”), adopted by the Board of Health pursuant to §§28.2-801, 28.2-803 and 28.2-806 of the ***Code of Virginia***.

It is understood by the applicant that the State Health Commissioner or his authorized representative may, after providing opportunity for an informal conference in accordance with §2.2-4019 of the Code of Virginia, revoke any certificate granted in accordance with this application for any one or more of the following causes:

1. For occurrence in the applicant's establishment or other place of business, or in connection with his certified operations, of insanitary conditions or practices that are considered hazardous to the public health and are in violation of the Sanitary Control Regulations, Repacking Regulations or the Manual.
2. For occurrence in the applicant's establishment or other place of business, or in connection with his certified operations of repeated violations of the same item of the Sanitary Control Regulations, Repacking Regulations or the Manual that may cause adulteration of food products, and by failure within a specified time period to correct critical deficiencies that may cause adulteration food product.

It is further understood by the applicant that in the event of revocation of a certificate the following conditions regarding certification will prevail:

- a. Application shall be made to the State Health Commissioner upon the form prescribed for regular certification.
- b. Application for recertification will not be considered by the State Health Commissioner within two weeks from date of revocation of certificate if such revocation be for causes set forth in paragraphs numbered 1 or 2.
- c. If applicant's certificate is revoked more than one time during any certification period for any cause set forth in paragraphs numbered 1 or 2, application for recertification will not be considered by the State Health Commissioner within one month from the date of last revocation.

Certificate No.

Signed \_\_\_\_\_  
(Dealer or Authorized Representative)

\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

**For Official Use**

Certificate Number: **VA** \_\_\_\_\_ Approved for Permit: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Shellfish Specialist: \_\_\_\_\_

Rev. March, 2013