



Request for Variance Seafood Processor's Permit

Alaska Department of Environmental Conservation
Division of Environmental Health
Food Safety and Sanitation Program



Permit ID: _____

General Information				
Establishment Information	Establishment Name	Physical Location	Nearest Community	
	Establishment Mailing Address	City	State	Zip
	Establishment Physical Address	City	State	Zip
	Type of Operation:			

The Department of Environmental Conservation (Department), Food Safety and Sanitation program is aware that you currently produce at least one product which includes seafood as a characterizing ingredient. Such products generally require the facility operator to obtain a Seafood Processors Permit under 18 AAC 34. We understand that you produce many different products, and that this seafood product makes up a small portion of your overall sales.

At this time, we will not require you to obtain a Seafood Processors Permit, under 18 AAC 34. We will provide you with a variance for the permitting requirement, if you provide us documentation of the following items:

1. You can demonstrate knowledge of seafood HACCP
2. You have conducted a Hazard Analysis for your seafood product
3. For any hazards identified during your Hazard Analysis, that are reasonable likely to occur, you have developed a HACCP plan for each seafood product produced

Failure to comply with items 1-3 above will void this variance and require you to obtain a Seafood Processors Permit.

If you agree to follow the requirements of this variance, sign below and send signed letter to :

Department of Environmental Conservation
Food Safety and Sanitation Program
555 Cordova St
Anchorage, AK 99501

I declare, under penalty of unsworn falsification, the information (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I agree to pay all fees before operating.

Signature _____	Date _____
Printed Name _____	Title _____

FOR DEPARTMENT USE ONLY

RECOMMENDATION OF SEAFOOD PERMIT COORDINATOR

Approval Disapproval Conditional Approval

ID# _____ Signed _____ Date _____

DECISION OF PROGRAM MANAGER

Approval Disapproval Conditional Approval

Signed _____ Date _____