



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	Contact		
	Establishment Mailing Address	City	State	Zip
	Physical Mailing 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. Documentation of successful completion of seafood HACCP training or job experience.
2. A process flow diagram for the seafood product to be produced.
3. Hazard Analysis for the seafood product.
4. A HACCP Plan for the seafood product produced based on the hazards reasonably likely to occur.
5. A written SSOP that covers the eight points of sanitation and daily monitoring records.
6. A product label for the product being requested to be produced.

If you agree to follow the requirements of this variance, sign below and return this letter to the Department.

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 ENVIRONMENTAL HEALTH OFFICER 4		
Approval <input type="checkbox"/>	Disapproval <input type="checkbox"/>	Conditional Approval <input type="checkbox"/>
ID# _____	Signed _____	Date _____
DECISION OF PROGRAM MANAGER		
Approval <input type="checkbox"/>	Disapproval <input type="checkbox"/>	Conditional Approval <input type="checkbox"/>
Signed _____		Date _____