

Thank you very much for your participation. We greatly appreciate your cooperation and time. This form summarizes some key points to help you complete the survey.

Your company name, mailing address, plant address and phone/fax number will be pre-printed on your form. Please check to make sure the information is correct and write in any changes as needed.

Pre-printed items are products that were reported last year. Simply fill in the quantity and value. Please cross out a product if you do not process it anymore.

- ❖ **If you are new to the survey or do not have products on record for the survey, your form will only have a section for New Products. Please report every product you produce.**

If you produce any canned products, please list them under "Canned Seafood" and include the can size, number of cans in a case and how many cases.

Your cooperation is needed to make the results of this survey comprehensive, accurate, and timely and may increase the profitability of your business. Individual reports are confidential and only summary totals are published. This report is authorized by law, 16 U.S.C. 1854(e).

Form Approved OMB No. 0648-0018  
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NOAA FORM 88-13 (REV 10/95) U.S. DEPARTMENT OF COMMERCE NOAA-NMFS

**FISHERY PRODUCTS REPORT  
U. S. PROCESSORS, ANNUAL**

ARE YOU A:  
 PROCESSOR \_\_\_\_\_  
 WHOLESALER (Does Not Process) \_\_\_\_\_  
 COLD STORAGE \_\_\_\_\_  
 OTHER \_\_\_\_\_

YEAR: Pre-Printed  
 REGION: Pre-Printed  
 STATE: Pre-Printed  
 PLANT NO.: Pre-Printed  
 COUNTY: Pre-Printed

COMPANY PHONE: \_\_\_\_\_ COMPANY FAX: \_\_\_\_\_  
 Space for company phone and fax number  
 MAIL ADDRESS: \_\_\_\_\_  
 Your Company's Name: \_\_\_\_\_  
 Your Company's Mailing Address: \_\_\_\_\_  
 PLANT ADDRESS: \_\_\_\_\_  
 Plant's Physical Address: \_\_\_\_\_

**EMPLOYMENT DATA  
TO BE COMPLETED BY ALL FIRMS OR PLANTS**

NOTE: LIST BY MONTH THE NUMBER OF PERSONS WORKING AT THIS ESTABLISHMENT DURING THE PAYROLL PERIOD THAT INCLUDED THE 12TH OF THE MONTH.

JAN	FEB	MAR
APR	MAY	JUN
JUL	AUG	SEP
OCT	NOV	DEC

REPORT PREPARED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

FOR NMFS USE	UNIT	QUANTITY	VALUE FOB PLANT	CHECK	
FRESH SEAFOOD				//////	
FROZEN SEAFOOD				//////	
NEW PRODUCTS (1)					
1) SPOUTY: FRESH, FROZEN, CANNED, INDUSTRIAL					
F MORE LINES ARE NEEDED FOR PRODUCTS OTHER THAN CANNED. CONTINUE BELOW OR AFTER CANNED ENTRY LINES					
FOR NMFS USE	UNIT	OUNCES	PACK	# OF CASES	VALUE FOB PLANT
CANNED SEAFOOD (1)					
1) ANY PRODUCT RETORTED UNDER PRESSURE; RIGID OR POUCH CONTAINER					
	CS				
	CS				
	CS				
	CS				

Please enter monthly employment information here (including administrative staff and yourself) and write your name.

Please provide a telephone number or e-mail address as

Under quantity please provide the weight of the processed product. Value is the amount of money obtained for the product only, without shipping, retail, etc.

Please report any **new** or **re-introduced** products in this section. Please provide as much detail as possible, especially in terms of units (lbs., oz., gallons, etc.).

If a product you normally process was not processed in the previous year, it is not included in the pre-printed list. If you started processing it again, please report it here in the new products section.

- **If you are new to the survey and there are no products listed already, please list all products you currently process**