

State of Louisiana

Department of Health and Hospitals
Office of Public Health

APPLICATION FOR STATE FOOD SAFETY CERTIFICATE

Required Training: 8 Hour Food Manager's Certification
Failure to Complete the Application Packet Will Deby Processing

LAST NAME	APPLICANT INFORMA	TION:			
CITYSTATEZIP CODEPARISH_ PHONE NUMBERE-MAIL ADDRESS	LAST NAME	FIRST		MI	
ESTABLISHMENT INFORMATION: NAME OF FOOD SERVICE ESTABLISHMENT ESTABLISHMENT PHONE NUMBER: ADDRESS DHH PERMIT TO OPERATE# CITY STATE PARISH ZIP TRAINING PROGRAM INFORMATION: (Applicant may contact the testing company for this information NAME OF TRAINING PROGRAM SPONSOR DATE OF EXAMINATION COURSE INSTRUCTOR/PROCTOR **PERSONAL CHECKS ARE NOT ACCEPTED** ** Mail a copy of the applicant's CURRENT TESTING COMPANY CERTIFICATE, and a MONEY ORDER or CASHIER/COMPANY CHECK for \$25.00 payable to D.H.H. (see mailing address to P.O. Box below) FOR LOST OR DAMAGED CERTIFICATES: DUPLICATE CERTIFICATES ARE \$12.50: CURRENT STATE CERT# DATE OF APPLICATION SIGNATURE OF APPLICANT	MAILING ADDRESS				
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ESTABLISHMENT INFORMATION: NAME OF FOOD SERVICE ESTABLISHMENT	PHONE NUMBER	E	-MAIL ADDRESS		
ADDRESS	ESTABLISHMENT INFO	ORMATION:		Applicants may be contacted by	email if available
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FOR OFFICE USE ONLY	DATE OF APPLIC	ATION		SIGNATURE OF APP	LICANT
	FOR OFFICE USE ONLY				
STATE FSC NUMBER CHECK #M.O. # DATE ISSUED		CHE	CCK #	M.O. #	