



# 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 Delay Processing**

### APPLICANT INFORMATION:

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PARISH \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Applicants may be contacted by email if available

### 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

### FOR OFFICE USE ONLY

STATE FSC NUMBER \_\_\_\_\_ CHECK # \_\_\_\_\_ M.O. # \_\_\_\_\_

DATE ISSUED \_\_\_\_\_