

FOOD SERVICE MANAGER CARD APPLICATION

Applicant must apply in person with original certificate and valid identification.

Name of Applicant				
Applicant's Current Address				
City	State		Zip Code	
Home Telephone Number	Work Telephone Number		E-Mail Address	
CERTIFICATION (CHECK APPLICABLE BLOCK) () Coursework/Examination (attach course completion certificate issued within the past 3 years).				
Organization:				
Location:				
Instructor:				
RE-CERTIFICATION (CHECK APPLICABLE BLOCK) () Coursework/Examination (attach course completion certificate issued within the past 3 years). Organization:				
Location:				
Instructor:				
2" by 2" Photograph Attached	Current Workplace	Address		Date of Employment
The information on this application is accurate, true and complete to the best of my knowledge and belief and I understand that my certification card must be available at the facility at all times when I am on duty.				
Applicant Signature			Date	
FOR OFFICE USE ONLYMake Check/Money Order payable to: DIRECTOR OF FINANCEDATE RECEIVED:HOWARD COUNTY HEALTH DEPARTMENTFEE DUE: \$37.00BUREAU OF ENVIRONMENTAL HEALTH- FOOD PROGRAMRECEIPT NO:8930 Stanford Boulevard, Columbia, MD 21045CARD NO.:(410) 313-1772ISSUE DATE:EXP DATE:				