



Louisiana Department of Health Office of Public Health

APPLICATION FOR LOUISIANA FOOD SAFETY MANAGER CERTIFICATION

Required Training: 8 Hour Food Manager's Certification

Read through completely. Failure to complete the Application Packet will delay processing.

Once received by our office, please allow approximately 7-10 business days for processing or return.

must be accurate according to				nddress give	n below. The in	formation provided
LAST NAME	esting compan	y certificate is	FIRST_ how the LDH Foo	od Safety Ce	MI ertificate will ap	pear.
PREFFERED MAILING AL	DRESS				S	Suite/Apt #
CITY						
PHONE NUMBER		E-N	MAIL ADDRESS			
ESTABLISHMENT INFOR	MATION:			Applicants	may be contacted	by email if provided.
NAME OF FOOD SERVICE	E ESTABLIS	HMENT				_
ESTABLISHMENT PHONE	NUMBER:_					<u></u>
ADDRESS	DDRESSLDH PERMIT TO OPERATE#					
CITY	_STATE	PARISH_		ZIP		<u> </u>
TRAINING PROGRAM ININAME OF TRAINING PRO						
DATE OF EXAMINATION_						
1.	A copy of		REQUIRED t's food manage	ers certifica	nte	
2. A payment of	of \$25.00 – a	business chec	ck, cashier's che	ck, or mone	ey order ONL	Ϋ́
	payable to I	L.D.H. **PERS	ONAL CHECKS AR	<u>E NOT ACCE</u>	PTED**	
FOR LOST OR DAMAGED UNEX	<u>(PIRED CERTIFI</u>	<u>CATES ONLY</u> : D	OUPLICATE CERTIFI	CATES ARE \$	12.50: LDH CEF	?T#
DATE OF APPLICAT	_	SIGNATURE OF APPLICANT				
FOR OFFICE USE ONLY STATE FSC NUMBER	СН	ECK #		M.O. #		
DATE ICCLIED						

Mail Application to: