



State of Louisiana

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.

APPLICANT INFORMATION: Certification will be mailed to the mailing address given below. The information provided must be accurate according to the food safety certificate holder.

LAST NAME _____ FIRST _____ MI _____

The name as stated on the testing company certificate is how the LDH Food Safety Certificate will appear.

PREFERRED MAILING ADDRESS

Suite/Apt #

CITY _____ STATE _____ ZIP CODE _____ PARISH _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

Applicants may be contacted by email if provided

ESTABLISHMENT INFORMATION:

NAME OF FOOD SERVICE ESTABLISHMENT _____

ESTABLISHMENT PHONE NUMBER: _____

ADDRESS _____ LDH PERMIT TO OPERATE# _____

CITY _____ STATE _____ PARISH _____ ZIP _____

TRAINING PROGRAM INFORMATION: (Applicant should contact the testing company for this information if unknown.)

NAME OF TRAINING PROGRAM SPONSOR _____

DATE OF EXAMINATION _____ EXAM PROCTOR _____

ALSO REQUIRED

1. A copy of the applicant's food managers certificate
2. A payment of \$25.00 – a business check, cashier's check, or money order ONLY payable to L.D.H. ****PERSONAL CHECKS ARE NOT ACCEPTED****

FOR LOST OR DAMAGED UNEXPIRED CERTIFICATES ONLY: DUPLICATE CERTIFICATES ARE \$12.50: LDH CERT# _____

DATE OF APPLICATION

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

STATE FSC NUMBER _____ CHECK # _____ M.O. # _____

DATE ISSUED _____

Mail Application to:

Louisiana Department of Health ▪ Retail Food ▪ P.O. Box 4489 Bin 10 Box 10 ▪ Baton Rouge, Louisiana 70821-4489
Phone: (225) 342-7773 ▪ Fax: (225) 342-7552 ▪ www.eatsafe.la.gov

Apply Online at: <https://appengine.egov.com/apps/la/LDHOPH/FoodSafetyCertification>

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