



**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**

**Failure to Complete the Application Packet Will Delay Processing**

**APPLICANT INFORMATION:** *Certification will be mailed to the mailing address given below.*

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

**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: CURRENT STATE 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

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