Bobby Jindal
GOVERNOR

Kathy H. Kliebert
INTERIM SECRETARY

State of Louisiana

Department of Health and Hospitals
Center for Environmental Health Services

APPLICATION FOR FOOD SAFETY CERTIFICATE
Failure To Provide Accurate Training Information Will Delay Processing

APPLICANT INFORMATION:

LAST NAME _____ FIRST _____ MI _____

HOME ADDRESS_____

CITY _____ STATE_____ ZIP CODE _____ PARISH_____

PHONE NUMBER _____ E-MAIL ADDRESS_____

ESTABLISHMENT INFORMATION:

NAME OF FOOD SERVICE ESTABLISHMENT _____

ESTABLISHMENT PHONE NUMBER:_____

ADDRESS _____ PERMIT # _____

CITY _____ STATE _____ PARISH _____ ZIP _____

TRAINING PROGRAM INFORMATION:

NAME OF TRAINING PROGRAM SPONSOR _____

DATE OF EXAMINATION _____ COURSE INSTRUCTOR/ PROCTOR _____

****APPROVED PROVIDER AND INSTRUCTOR MUST BE DOCUMENTED IN ORDER TO PROCESS APPLICATION****

PLEASE ATTACH A COPY OF TRAINING COURSE CERTIFICATE, AND CHECK OR MONEY ORDER FOR $25.00 MADE PAYABLE TO D.H.H. MAIL TO: OPH RETAIL FOOD PROGRAM P.O. Box 4489 BOX 10, BATON ROUGE, LA. 70821-4489

_____ _____
DATE OF APPLICATION SIGNATURE

FOR OFFICE USE ONLY

FSC CERTIFICATE # _____
DATE ISSUED _____
FEE EXEMPT_____

METHOD OF PAYMENT
CHECK # _____ M.O.# _____
CHECK OR M.O. DATE _____
VENDOR NAME_____

Bienville Building ▪ 628 N. 4th Street P.O. Box 4489 ▪ Baton Rouge, Louisiana 70821-4489
Phone #: 225/342-7773 Fax #: 225/342-7552 ▪ *www.dhh.louisiana.gov*
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