BUCKS COUNTY DEPARTMENT OF HEALTH

APPLICATION FOR A CERTIFIED FOOD SAFETY MANAGER CERTIFICATE

☐ **APPLICATION: ($80)** Along with this application and fee for BCDH certification, applicants must submit proof of passing a current exam administered by National Restaurant Association's ServSafe, National Registry, Prometric or other Conference for Food Protection food safety course approved by this Department. Please attach required documents to application along with check**.** (Please submit a photocopy of certification certificate; original will not be returned.)

☐ **DUPLICATE COPY: ($20)** This application is being filed by the Certified Food Safety Manager for a replacement copy of their Bucks County Department of Health Food Safety Manager Certificate since their original certificate was lost, stolen or damaged. If needed, an additional certificate can be requested for posting at a second food facility. All the below information must be filled out completely to process this application.

All documentation submitted by the applicant will be reviewed by the Department to determine compliance with the requirements for a Certified Food Safety Manager Certificate in Bucks County. The Department will notify the applicant in writing if the attached documentation is not applicable towards obtaining a certificate. **The undersigned applicant is responsible for complying with the Department's Retail Food Facility Regulations, Section 3 "Certified Food Safety Manager" paragraphs 3.1 - 3.8.**

Applicant Information:

Social Security # (last 4 digits) XXX-XX- __ __ __ __ Telephone # _____

Last Name _____ First Name _____

Home Mailing Address _____

City/Town _____ State _____ Zip Code _____

Email Address _____

Employment Information:

Food Facility Name _____

Facility Mailing Address _____

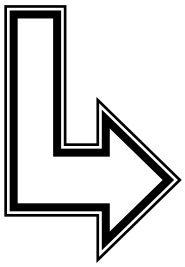
City/Town _____ State _____ Zip Code _____

Mail certificate to: Applicant's address ☐ OR Facility Address ☐

Questions, call 215-345-3336

Make check payable to: Bucks County Department of Health

Mail check and application to: Bucks County Department of Health
1282 Almshouse Road
Doylestown, PA 18901



Signature of Applicant: _____ **Date:** _____

For Department Use Only:

CFSM# _____ **Facility ID#** _____ **Date of Exam:** _____ **Expiration Date:** _____