BUCKS COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL SANITATION
APPLICATION FOR A CERTIFIED FOOD SAFETY MANAGER CERTIFICATE

Please check appropriate box and attach requested documents to application along with check**. See other side for current fee schedule.**

☐ **RENEWAL APPLICATION:** Required documentation: HACCP Course Certificate, National Restaurant Association's ServSafe/Applied Food Service Sanitation Certificate or other training proof approved by this Department obtained within the last three (3) years.

☐ **NEW APPLICATION:** Required documentation: National Restaurant Association's ServSafe, National Registry, Thomson Prometric or other Conference for Food Protection or regulatory agency's food safety course certificates approved by this Department obtained within the last three (3) years

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 Food Facility Regulations, Section 103 "Certified Food Safety Manager" paragraphs 1-7**.

Social Security **# *(last 4 digits)*** | | | | |

Home Phone # | | | | - | | | | - | | | | |

Last Name

First Name

Mailing Address

City/Town | State | Zip Code

Complete the following if you will be employed as a CFSM in Bucks County

☐ **Not currently employed in Bucks County**

	Mun	#	#	#	#
Facility ID					

Work Phone # | | | | - | | | | - | | | | |

Facility Name

Address

City/Town | Zip Code:

Make Check or money order payable to:**Bucks County Department of Health** and mail to:
Neshaminy Manor Center - Doylestown, PA 18901

Signature of Applicant: _____ **Date** ____/____/____

For Department Use Only

CFSM#	Y	Y	#	#	#	#

Certificate Issuance Date	M	M	D	D	Y	Y	Y	Y

Exp. Date	M	M	D	D	Y	Y	Y	Y