

**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.

- RENEWAL APPLICATION: (\$45)** 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: (\$45)** Required documentation: National Restaurant Association's ServSafe, National Registry, Thomson Prometric or other Conference for Food Protection food safety course certificates approved by this Department obtained within the last three (3) years
- 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 in order 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 Food Facility Regulations, Section 103 "Certified Food Safety Manager" paragraphs 1-7. Certificates expire 3 years after issuance.**

Social Security # (last 4 digits) XXX-XX- Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Employment Information:**

Food Facility Name \_\_\_\_\_ Facility ID# \_\_\_\_\_  
(if known)

Facility Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Second Food Facility (if applicable):**

Food Facility Name \_\_\_\_\_ Facility ID# \_\_\_\_\_  
(if known)

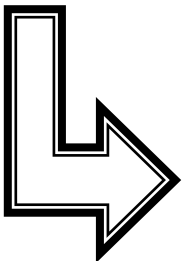
Facility Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Make Check or money order payable to: **Bucks County Department of Health**

Mail to the following address: **Bucks County Department of Health**

Neshaminy Manor Center  
1282 Almshouse Road, 2<sup>nd</sup> Floor  
Doylestown, PA 18901



**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

For Department Use Only:

**CFSM#** \_\_\_\_\_ **Certificate Issuance Date:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_