



**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
FOOD SERVICE MANAGER APPLICATION**

Applicant must apply in person.

Name of Applicant			
Applicant Address			
City	State	Zip Code	
Home Telephone Number	Work Telephone Number	Drivers License Number	
CERTIFICATION (CHECK APPLICABLE BLOCK)			
<input type="checkbox"/> Coursework/Examination (attach course completion certificate and/or transcript)			
Organization: _____			
Location: _____			
Instructor: _____			
RE-CERTIFICATION (CHECK APPLICABLE BLOCK)			
<input type="checkbox"/> Coursework/Examination (attach course completion certificate and/or transcript)			
Organization: _____			
Location: _____			
Instructor: _____			
2" by 2" Photograph Attached	Current Workplace	Address	Date of Employment
The information on this application is accurate, true and complete to the best of my knowledge and belief and I understand that my certification card must be available at the facility at all times when I am on duty.			
_____ Applicant Signature		_____ Date	
<i>FOR OFFICE USE ONLY</i>			
Make Check/Money Order payable to: DIRECTOR OF FINANCE Bring complete application and fee (no cash) to:		DATE REC'D: FEE DUE: \$17.00 RECEIPT NO: CARD NO.: ISSUE DATE: EXP DATE:	
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 7178 Columbia Gateway Drive Columbia, MD 21046		(410) 313-1772	