



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

**Applicant must apply in person with original certificate.**

<b>Name of Applicant</b>		
<b>Applicant's Current Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Telephone Number</b>	<b>Work Telephone Number</b>	<b>E-Mail Address</b>

**CERTIFICATION (CHECK APPLICABLE BLOCK)**  
 Coursework/Examination (attach course completion certificate.)

**Organization:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

**RE-CERTIFICATION (CHECK APPLICABLE BLOCK)**  
 Coursework/Examination (attach course completion certificate.)

**Organization:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

<b>2" by 2" Photograph Attached</b>	<b>Current Workplace</b>	<b>Address</b>	<b>Date of Employment</b>

**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**

**FOR OFFICE USE ONLY**

Make Check/Money Order payable to: DIRECTOR OF FINANCE  HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH- FOOD PROGRAM 8930 Stanford Boulevard, Columbia, MD 21045 (410) 313-1772	DATE RECEIVED: _____ FEE DUE: \$17.00 RECEIPT NO: CARD NO.: ISSUE DATE: EXP DATE:
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