



State of Louisiana

Louisiana Department of Health
Office of Public Health

APPLICATION FOR LOUISIANA FOOD SAFETY CERTIFICATION

Required Training: 8 Hour Food Manager's Certification

Failure to Complete the Application Packet Will Delay Processing

APPLICANT INFORMATION: Certification will be mailed to the mailing address given below.

LAST NAME _____ FIRST _____ MI _____

PREFERRED MAILING ADDRESS _____ **Suite/Apt #** _____

CITY _____ STATE _____ ZIP CODE _____ PARISH _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

Applicants may be contacted by email if provided

ESTABLISHMENT INFORMATION:

NAME OF FOOD SERVICE ESTABLISHMENT _____

ESTABLISHMENT PHONE NUMBER: _____

ADDRESS _____ LDH PERMIT TO OPERATE# _____

CITY _____ STATE _____ PARISH _____ ZIP _____

TRAINING PROGRAM INFORMATION: (Applicant should contact the testing company for this information if unknown.)

NAME OF TRAINING PROGRAM SPONSOR _____

DATE OF EXAMINATION _____ EXAM PROCTOR _____

ALSO REQUIRED

1. A copy of the applicant's food managers certificate
2. A payment of \$25.00 – a business check, cashier's check, or money order ONLY payable to L.D.H. ****PERSONAL CHECKS ARE NOT ACCEPTED****

FOR LOST OR DAMAGED UNEXPIRED CERTIFICATES ONLY: DUPLICATE CERTIFICATES ARE \$12.50: CURRENT STATE CERT# _____

DATE OF APPLICATION

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

STATE FSC NUMBER _____ CHECK # _____ M.O. # _____

DATE ISSUED _____

Mail Application to:

Louisiana Department of Health ▪ Retail Food ▪ P.O. Box 4489 Bin 10 Box 10 ▪ Baton Rouge, Louisiana 70821-4489
Phone: (225) 342-7773 ▪ Fax: (225) 342-7552 ▪ www.eatsafe.la.gov

An Equal Opportunity Employer
Contact Katie.Westbrook@la.gov with questions concerning the application