

**APPLICATION FOR CERTIFIED FOOD MANAGER**

Type or Print Following Information. Provision of Social Security Number is required under Chapter 250.041 (1)(f), Wisconsin Statutes and will be used only for that purpose. Drivers License Number is optional and will only be used as a unique identifier. Application may be returned or delayed if Social Security Number is not provided.

|           |            |                |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

|                        |                                   |
|------------------------|-----------------------------------|
| Social Security Number | Drivers License Number (Optional) |
|------------------------|-----------------------------------|

Permanent Street Address

|      |       |          |        |
|------|-------|----------|--------|
| City | State | Zip Code | County |
|------|-------|----------|--------|

Daytime Telephone Number  
(     )

|                              |             |
|------------------------------|-------------|
| <b>SIGNATURE</b> – Applicant | Date Signed |
|------------------------------|-------------|

**Enclose a photocopy of a certificate, form or letter, verifying a passing score from the testing agency. Originals will not be returned.**

Remit check for \$10.00 payable to: **Department of Health Services**  
Division of Public Health  
Food Safety and Recreational Licensing  
P. O. Box 2659  
Madison, Wisconsin 53701-2659

For Office Use Only

|           |            |            |
|-----------|------------|------------|
| ID Number | Test Taken | Date Taken |
|-----------|------------|------------|