

APPLICATION FOR FOOD MANAGER

Type or Print Information. *Provision of Social Security Number is required under Chapter 250.041 (1)(f), Wisconsin Statutes and will be used only for that purpose.

First Name	Last Name	Middle Initial
Social Security Number *(REQUIRED)	Email	
Home Mailing Address (or PO Box if applicable)		
Zip Code	City	State
Daytime Telephone Number ()		

Check ONE of the options below (required):

☐ Certified Food Manager (exam required)

Attach a copy of a certificate from the course sponsor verifying that you have passed an approved certification exam.

This must be submitted to us **within 3 years** of the exam date. Original certificates will not be returned.

☐ Food Safety Training for Small Operators with 5 or fewer food handlers (applies only to renewals for Small Operators)

Attach a copy of a certificate or form, from the course sponsor, verifying you have completed an approved course.

The following MUST be included with your application:

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| 1. Copy of your exam or course certificate: | Original certificates will not be returned. |
| 2. \$10 check or money order payable to:
(Do not send cash) | Department of Health Services
Food Safety and Recreational Licensing
P. O. Box 2659
Madison, Wisconsin 53701-2659 |

Visit our website: www.dhs.wisconsin.gov/fsrl/index.htm

SIGNATURE – Applicant	Date Signed
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Application will be RETURNED for any of the following reasons:

- **Application is incomplete or not signed**
- **Copy of Exam or Course Certificate is not provided**
- **Payment is missing, or check is not completed**

For Office Use Only	Test Taken	Date Taken
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