DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Public Health
DPH 7346 (Rev. 09/04)

STATE OF WISCONSIN
Bureau of Environmental and Occupational Health
Chapter 254, Subchapter VII, Wis. Stats.

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

( )

SIGNATURE – 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 and Family 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