



Prince George's County
 Department of Permitting, Inspections
 and Enforcement
HEALTH DEPARTMENT
 9400 Peppercorn Place, 1st Floor
 Largo, Maryland 20774
 301.883.5900 ♦ FAX: 301.883.7138



**APPLICATION FOR A PRINCE GEORGE'S COUNTY
 CERTIFIED FOOD SERVICE MANAGER CARD**

- Applicant **MUST Apply in Person** *(No cards processed after 3:00 p.m.)*
- Applicant **MUST Present Current Government Issued Photo ID**
- There Is a **Non-Refundable Fee of \$55.00 + 5% Technology Fee of \$2.75 for a total of \$57.75**

Name of Applicant: _____
(First, Middle Initial, Last)

Applicant Address: _____
(Number, Street, Apt. No.)

City: _____ State: _____ ZIP Code: _____

Home Telephone Number: _____ Work Telephone Number: _____

Applicant E-mail Address: _____

CERTIFICATION

Coursework/Examination *(Must Provide Course Completion PAPER Certificate. E-mails and Photos Are Not Accepted.)*
 School/Organization: _____

RECERTIFICATION *(Check Applicable Block)*

Coursework/Examination *(Must Provide Course Completion PAPER Certificate. E-mails and Photos Are Not Accepted.)*
 School/Organization: _____

Approved Training Sessions *(Training Format Requires Prior Health Department Approval. Attach Attendance Rosters and Course Documentation.)*

Monthly Self-Inspections *(Inspection Format Requires Prior Health Department Approval. Attach Copies of Inspections.)*

Name of Current Food Facility <i>(Prince George's County Only)</i>	Address

- The information on this application is accurate, true and complete to the best of my knowledge and belief.
- I understand that my certification card must be available at the facility at all times when I am on duty.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Amount: _____ Receipt Number: _____ Date Card Issued: _____

Application Approved: _____ Card Number: _____ Expiration Date: _____