



**BALTIMORE CITY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL INSPECTION SERVICES**
1001 E. Fayette Street
Baltimore, Maryland 21202
(O) 410-396-4424 (F) 410-396-5986



**FOOD SERVICE MANAGER APPLICATION
(HEALTH CODE §6-302)**

PLEASE PRINT ALL INFORMATION CLEARLY

NAME:

HOME ADDRESS:

ZIP CODE:

TELEPHONE:

EMAIL:

PLEASE INDICATE CERTIFICATION TYPE:

NEW APPLICANT

\$30 FEE

RENEWAL APPLICANT

\$30 FEE

RECIPROCAL (CERTIFIED IN ANOTHER MARYLAND COUNTY)

NO FEE FOR COUNTY PROGRAMS APPROVED BY THE COMMISSIONER

REPLACEMENT

\$10 FEE (ONLY ISSUED FOR THE REMAINING TERM OF EXISTING CERTIFICATION)

PLEASE BRING THE FOLLOWING WITH YOU TO THE DEPARTMENT:

- (1) GOVERNMENT OR EMPLOYER ISSUED PHOTO IDENTIFICATION;
- (2) A COMPLETED APPLICATION FORM;
- (3) ORIGINAL TRAINING CERTIFICATE/EXAMINATION RESULTS ISSUED BY AN ANSI APPROVED TRAINING PROVIDER OR SUFFICIENT INFORMATION TO ALLOW FOR ONLINE LOOK-UP TO VERIFY TRAINING COMPLETION AND SUCCESSFUL EXAMINATION RESULTS; AND
- (4) FOR NEW OR RENEWAL APPLICANTS, A CREDIT CARD OR A CHECK OR MONEY ORDER DRAFTED PAYABLE TO THE "DIRECTOR OF FINANCE" IN THE CORRECT FEE AMOUNT (CASH IS NOT ACCEPTED), **OR** FOR RECIPROCAL APPLICANTS, A CURRENT, VALID CERTIFICATION CARD OR OTHER VERIFICATION ACCEPTABLE TO THE COMMISSIONER FOR THE COUNTY CERTIFICATION THEY WISH TO RELY UPON FOR RECIPROCITY.

I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS COMPLETE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT PROVIDING FALSE INFORMATION MAY RESULT IN THE REVOCATION OF MY FOOD MANAGER'S CERTIFICATION BY THE BALTIMORE CITY HEALTH DEPARTMENT.

APPLICANT SIGNATURE:

DATE:

BCHD OFFICE USE ONLY

Training Certificate Number:

Issue Date:

Exp. Date:

County (if seeking reciprocity):

Term Remaining on County Certification: ____ yrs ____ months ____ days

BCHD FSM Certification – Card #:

Issue Date:

Exp. Date:

Fee Paid:

Check #:

Approved Denied

Reviewed by:

Date: