

APPLICATION FOR A CHICAGO DEPARTMENT OF PUBLIC HEALTH
FOOD SERVICE SANITATION MANAGER CERTIFICATE

PLEASE PRINT CLEARLY

DATE _____

FULL LEGAL NAME: _____

SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: _____ (APT #) _____

(CITY) _____ (STATE) _____ (ZIP) _____

DAYTIME TELEPHONE (_____) _____ EMAIL _____

NEW/ RECIPROCITY REQUEST - PLEASE PROVIDE THE FOLLOWING ITEMS:

- COPY** OF IL DEPT. OF PUBLIC HEALTH Manager's Certificate **OR** Certificate from testing agency **WITH** completed training hours form (Course conducted by approved Illinois or City of Chicago Instructor)
- COPY** of Picture ID (Driver's license or state ID)
- \$40 (If mailing \$40 Money Order payable to Malcolm X College)**
* **Approved testing agencies: ServSafe, Prometric, National Registry for Food Safety Professionals, 360 Training***

DUPLICATE REQUEST - PLEASE PROVIDE THE FOLLOWING ITEMS:

- COPY** of a Picture ID (Driver's license or state ID)
- Verification letter from the Illinois Restaurant Association (if applicable)
- \$40 (If mailing \$40 Money Order payable to Malcolm X College)**
- Certificate # _____ Exam Date: _____ Exp. Date: _____

PLEASE ENSURE THAT YOU INCLUDE ALL REQUESTED ITEMS LISTED ABOVE OR YOUR APPLICATION WILL BE RETURNED.

NAME OF PROVIDER: _____ INSTRUCTOR: _____

LOCATION OF EXAM: (STATE) _____

SIGNATURE: X _____

*******Allow 4 – 6 Weeks for Processing*******

OFFICE USE ONLY: Receipt Number: _____

**Please go to the Cashier in Business Office 1st floor
You will receive 2 receipts and must return to Room 0203

IF MAILING SEND APPLICATION WITH REQUIRED ITEMS PLEASE ADDRESS TO:

Malcolm X College
Food Service Sanitation Program
1900 W. Jackson Blvd, Suite 0203
Chicago, IL 60612

If you need a receipt
please include a self-
addressed stamped
envelope