



PENNSYLVANIA DEPARTMENT OF AGRICULTURE
BUREAU OF FOOD SAFETY AND LABORATORY SERVICES
2301 NORTH CAMERON STREET
HARRISBURG, PA 17110-9408
PHONE: (717) 787-4315 FAX: (717) 787-1873

REQUEST FOR FOOD EMPLOYEE CERTIFICATION

A person seeking certification may submit this application after successfully completing a Department - approved certification training program and receiving a passing test score.

Applicant's Information: (Please print in black ink or type)

Applicant's Name: _____

Address: CHECK ONE: ___ HOME ADDRESS ___ BUSINESS NAME AND ADDRESS

Telephone: () _____ Fax: () _____ E-Mail: _____

Course Title: _____

Program Sponsor: _____

Instructor/Proctor: _____

Training Location Address: _____

Certification Category: General _____ Limited-Handling PHF _____
Process Specific _____ Process Specific Category _____

Program Format: Classroom _____ Home Study/Classroom _____ Home Study _____ Computer Based _____

Total Training Hours: _____ Training Dates: _____ Exam Date _____ Exam Score _____

APPLICANTS APPLYING WITH AN APPROVED NATIONAL PROGRAM CERTIFICATE OR A FEDERALLY MANDATED HACCP PROGRAM CERTIFICATE, PLEASE ATTACH A COPY OF THE CERTIFICATE TO THE APPLICATION.

I hereby apply to the Pennsylvania Department of Agriculture for certification under the Food Employee Certification Act (3 Pa. C.S.A. Section 6501-6510). I verify that the information I provided on this application is true and correct. False statements are subject to penalties for unsworn falsifications to authorities (18 Pa. C.S.A. Section 4904).

Applicants Signature: _____ Date: _____

NOTE: RETURN ORIGINAL FORM ALONG WITH A CHECK OR MONEY ORDER FOR \$20 MADE PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA". THANK YOU.

Rev.3/05

Office Use: Date Received _____ Date Approved _____ Approved By _____
Additional information requested _____ Date Received _____
Revisions Requested _____ Date Received _____