

Rhode Island Department of Health

Application and Instructions for:



Manager Certified In Food Safety (State/Municipal)

[Redacted area for Applicant Name]

Applicant Name

OFFICE USE ONLY

	Initials	Date
Approved by F.O. Supervisor		
Profile Entered By		
License ID#		
Receipt No.		
License No.		

INSTRUCTIONS

- Registration shall be based upon **Satisfactory Compliance** with all applicable laws and regulations.
- Registration forms must be either typed or legibly printed using a ball point pen, except signatures, which must be written in ink. Please answer all questions. Do not leave blanks. Incomplete applications will be returned to you and your license/permit will not be issued.
- Attach check/money order to the front of this application and mail or hand-deliver to: Center for Food Protection, 3 Capitol Hill, Room 203, Providence, RI 02908-5097. A receipt or canceled check does not guarantee licensure.

Application Fees:

Food Safety Manager \$50.00

- Make your check/money order payable to "General Treasurer, State of Rhode Island". Do not send cash. **This fee is non-refundable.**
- If you have any questions concerning this application, call the Department of Health, Center for Food Protection at (401) 222-2749.

NOTE: If you are **not** a State or Municipal Employee, this is the **WRONG** application. Please contact the Center for Food Protection at the above number for the correct application.

NOTE: Please notify the Center for Food Protection in writing within ten (10) days of a change of name, employment or address.

REQUIRED ATTACHMENTS:

Enclose a copy of your birth certificate or proof of lawful entry to the country or a copy of your driver's license.

Attach a copy of your Food Safety Certificate along with hours of training.

If you are enclosing a birth certificate, please attach a recent identification photograph in the space provided below:

Attach Photo Here



State of Rhode Island and Providence Plantations

Department of Health Center for Food Protection

Name:

This is the name that will be printed on your License and reported to those that inquire about your License.

Do not use nicknames, etc.

Name: _____

Maiden Name: _____

Social Security Number:

_____-_____-_____

Gender: M F**Date and Place of Birth:**

Date _____ / _____ / _____

Place _____
City State**Residence Information:**

It is your responsibility to keep the Department apprised of all address and phone number changes.

(Not published on the HEALTH web site).

Address Line1 _____

Address Line2 _____

Address Line3 _____

City, State, ZipCode _____

Country (only if not in US) _____

Phone: _____

Fax: _____

Email Address: _____

Business/Employment Information:

Please provide the employment information related to this license. Include Name of Business/Employer (ie. Memorial Hospital)

(Published on the HEALTH web site).

Facility Name _____

Facility License Number _____

Address Line1 _____

Address Line2 _____

Address Line3 _____

City, State, ZipCode _____

Country (only if not in US) _____

Phone: _____

Fax: _____

Email Address: _____

Business/Employer License Number:

MANDATORY

Please provide the RI Department of Health License Number of the Business where you will be working.
(FSV/MRK) _____

<p>Education Information:</p> <p>NOTE: You must enclose a copy of course completion certificate or RECIPROCITY APPLICANTS enclose equivalent educational credentials or certification credentials from participating agency.</p>	<p>Did you complete a fifteen (15) hour Division approved Food Safety Training Course?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Did you pass the Food Protection Certification Monitored Examination?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes,</p> <p>Course Location <input type="text"/> Instructor License # <input type="text"/></p> <p>Name of Testing Company <input type="text"/></p> <p>Date of Examination <input type="text"/> Certificate No. <input type="text"/></p>
<p>SSN/FEIN:</p> <p>(Social Security Number/Federal Employer Identification Number)</p> <p>Please note if you are a sole proprietor this number may be your SSN.</p>	<p>Pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.</p> <p>SSN/FEIN #: <input type="text"/></p>
<p>Affidavit of Applicant</p> <p>Read, sign and date this Affidavit.</p>	<p style="text-align: center;">AFFIDAVIT AND SIGNATURE</p> <p style="text-align: center;">This Application Must be Signed</p> <p>I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my License in the State of Rhode Island.</p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <p>Signature of Applicant <input type="text"/></p> <p style="text-align: right;">Date of Signature (MM/DD/YY) <input type="text"/></p>