



Montgomery County Department of Health and Human Services
Licensure & Regulatory Services
 2425 Reedie Drive, 9th Floor, Wheaton, Maryland 20902
 Phone: 240-777-3986 / Fax: 240-777-3088 or 240-777-4531
www.montgomerycountymd.gov/licensure

CERTIFIED FOOD SERVICE MANAGER LICENSE APPLICATION

**Walk-in between Monday-Friday – 8:00 AM to 12:00 PM
 (After 12:00 PM – By Appointment Only)**

Application and Certified Food Manager Certification print-out MUST be presented in person by the applicant

Today's Date:

NEW RENEWAL TRANSFER FROM A JURISDICTION IN MARYLAND REPLACEMENT OF LOST CARD

Name of Applicant:

Home Address of Applicant:

Street #: Street Name: Apt :

City: State: Zip Code:

Cell Phone #: --- OR --- **Home Telephone #:**

NEW OR RENEWAL: Name of Company Issuing Certificate (*choose one below*) **Exam Date:**

360Training AAA Food Safety Always Food Safe FSP
Prometric Servsafe State Food Safety

Other:

----- OR -----

Transferring Certified Food Manager's card from an approved jurisdiction:

Issued By: **Card Expiration Date:**

 I hereby certify that the above information is accurate and complete. In addition, I understand that providing false information may result in revocation of my Montgomery County Certified Food Service Manager's License.

Printed Name of Signatory:

Signature of Applicant:

FEES

New, Renewal, or Transfer Card: \$50	Replacement of Lost or Stolen Card: \$10
---	---

Please complete Page 2 of the Certified Food Service Manager License Application

PAYMENT METHOD

Submit completed application and fee to: **Licensure & Regulatory Services**, 2425 Reddie Drive, 9th Floor, Wheaton, Maryland 20902.

Checks/Money Orders payable to "Montgomery County, Maryland" or pay by Mastercard, VISA or Checking Card.

CASH IS NOT ACCEPTED.

SELECT TYPE OF PAYMENT METHOD BELOW

Check Money Order Mastercard VISA

CREDIT CARD PAYMENT SECTION

Cardholder's Name: _____ **Credit Card #:** _____

Exp Date: _____ **3-Digit Security Code:** _____ **Amount:** _____

I agree to pay the above total amount according to the card issuer agreement:

Cardholder's Signature: _____

OFFICE USE ONLY

Date Issued: _____ **Date Expires:** _____ **ID No.** _____
Receipt #: _____ **Date Received:** _____ **Amount Paid:** _____ **Staff Initials:** _____
Check/Money Order #: _____ **Credit Card Approval Code:** _____