



Minnesota Department of Health  
 Food Manager Certification  
 Environmental Health Services Section  
 P.O. Box 64495  
 St. Paul, Minnesota 55164-0495  
 (651) 201-4500  
 TTY (651) 201-5797



[www.health.state.mn.us/divs/eh/food/fmc/applications.html](http://www.health.state.mn.us/divs/eh/food/fmc/applications.html)

**State of Minnesota Food Manager Certification**  
**Duplicate Application**

Before this application can be processed, all questions must be answered in their entirety. This application must be accompanied by a nonrefundable \$20 (fee increase effective July 1, 2009) Duplication Fee, made payable to the Minnesota Department of Health, using a cashier's check, money order or personal check. Do not send cash. **Submit application to the above address.**

**Applicant Information (Required):**

**Name:** \_\_\_\_\_  
 (Last) (First) (Full Middle Name)

**Mailing Address:** \_\_\_\_\_  
 (Street/P.O. Box) (Apt #)

\_\_\_\_\_  
 (City) (State) (Zip Code)

**County:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **(Required)**  
 Under Minnesota law, all licensing agencies must require applicants for licenses or certificates to provide their social security numbers.

**Notice to individuals applying for Food Manager Certification in the State of Minnesota**  
 The commissioner of health will use information provided in this application to determine if you meet the requirements for food manager certification. Before the commissioner issues a certificate to you, Minnesota Statutes, section 270.72, subdivision 4, requires you to supply your social security number. Other than the social security number, you are not legally required to provide the requested information. However, submitting false information is grounds for denying your application or suspending, revoking or taking other disciplinary action against your certificate, if issued. Failure to provide **required** information may delay the processing of your application and may be grounds for denying your application.

Under Minnesota Statutes, section 13.41, information you provide on this application, except for your name and address, is private data while pending. However, in circumstances authorized or required by law, it may be disclosed to others, including the Attorney General's Office, the Department of Revenue, and persons contacted for purpose of verification or investigation. If the matter of your certification becomes contested, the information submitted in this application may become public. Once you are certified, the information, except for your social security number, becomes public data and will be part of the agency's permanent files.

Notice: The issuance of a dishonored check to this department will require a service charge of \$30 per check as in Minnesota Statutes, section 604.113, subd. 2 (a). Additional civil penalties may be imposed for nonpayment.

To request this application in another format, call 651-201-4500.

**Before mailing, check to be sure that your application materials include the following:**

- \_\_\_ 1. Completed and signed application form
- \_\_\_ 2. Check or money order made payable to the MDH for \$20  
 (fee increase effective July 1, 2009)

**For Office Use Only:**  
 Date Received: \_\_\_\_\_  
 Amount: \_\_\_\_\_ Check # \_\_\_\_\_  
 Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

**Incomplete applications will be returned to the applicant**

I certify that the information provided and submitted on this application is accurate and complete:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_