

For Office Use Only: Date Received: _____ Amount: \$ _____ Check #: _____ Approved: Yes _____ No _____

CFPM Duplicate Application

CERTIFIED FOOD PROTECTION MANAGER (CFPM)

Applicant information

Name _____
Last First Full middle name

Mailing address _____
Street City State ZIP Code County

Social security number * _____

* Required under Minnesota Statutes, section 270C.72, subdivision 4

Applicant phone _____

Applicant email _____

Preferred method to receive renewal notifications

Mailing address Applicant email

Individuals applying for duplicate CFPM certificate

Submitting false information is grounds for denying your application or suspending, revoking or taking other disciplinary action against your certificate. Failure to provide required information may delay the processing of your application and may be grounds for denying your application.

For information on licensing data see Minnesota Statutes, section 13.41.

Submit application

Before mailing, be sure to include the following

1. Completed and signed application form
2. Check or money order (do not send cash) made payable to MDH for \$20

Incomplete applications will be returned to the applicant.

Mail to

Minnesota Department of Health
Certified Food Protection Manager
Food, Pools, and Lodging Services Section PO
Box 64495
St. Paul, MN 55164-0495

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 non payment.

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

Signature _____ Date _____