COUNTY OF SUFFOLK



DEPARTMENT OF HEALTH SERVICES

JAMES L. TOMARKEN, MD, MPH, MBA, MSW Commissioner

APPLICATION FOR RECIPROCAL SUFFOLK COUNTY FOOD MANAGER'S CERTIFICATE

NAME:			
STREET:			
TOWN:	STATE:		ZIP CODE:
FOOD ESTABLISHMENT D/B/A NAME:			
FOOD ESTABLISHMENT PERMIT ID NU	JMBER:		
Reciprocal Suffolk County Food Manager's <u>the past 3 years</u> by the following approved or issued your certificate:		•	
National Restaurant Association (ServSafe [®]) New York State Education Department New York City Department of Health and M Nassau County Health Department Prometric National Registry of Food Safety Profession The American Food Safety Institute	Iental Hygiene		
The original certificate must be presented to	the Departmen	t for verification	on of its authenticity. A

The original certificate must be presented to the Department for verification of its authenticity. A photocopy of the certificate will be made and the original immediately returned. A processing fee of \$20 is also required, and may be paid by check, money order, or Visa/Master Card.

OFFICE USE ONLY	
Approved certificate number:	Suffolk certificate number:
Approved certificate issue date:	Suffolk certificate issue date:
	Suffolk certificate exp. date:



BUREAU OF PUBLIC HEALTH PROTECTION 360 Yaphank Avenue, Suite 2A, Yaphank, NY 11980 (631) 852-5999 (631) 852-5873 FAX (631) 852-5871