

**CHICAGO DEPARTMENT OF PUBLIC HEALTH      FOOD AND DAIRY PROTECTION DIVISION**  
**FOOD SERVICE SANITATION MANAGER PROGRAM**

30 EAST LAKE STREET  
CHICAGO, IL 60601  
(312) 553-5802/3

**REQUEST FOR A CHICAGO DEPARTMENT OF PUBLIC HEALTH  
FOOD SERVICE SANITATION MANAGER CERTIFICATE**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME ADDRESS : \_\_\_\_\_

No. Street

City State Zipcode

DAYTIME TELEPHONE: (\_\_\_\_) \_\_\_\_\_

**RECIPROCITY REQUEST: PLEASE PROVIDE THE FOLLOWING ITEMS:**

- Original ILLINOIS DEPT. OF PUBLIC HEALTH Manager's Certificate
- Picture ID (Driver's License or State ID)
- \$40 MONEY ORDER payable to Harold Washington College

**DUPLICATE REQUEST: PLEASE PROVIDE THE FOLLOWING ITEMS AND INFORMATION:**

- Picture ID (Driver's License or State ID)
- \$40 MONEY ORDER payable to Harold Washington College

Certificate # Exam Date Expiration date

**CERTIFICATE RENEWAL REQUEST: PLEASE PROVIDE THE FOLLOWING ITEMS AND INFORMATION:**

- Original Chicago FSSMC Certificate
- Proof of training and passing of Chicago Recertification Examination
- Picture ID (Driver's License or State ID)
- \$40 MONEY ORDER payable to Harold Washington College

Certificate # Exam Date Expiration date

NAME OF PROVIDER: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

LOCATION OF EXAM : \_\_\_\_\_

City State

**MAIL COMPLETED APPLICATION WITH REQUIRED ITEMS TO:**

**HAROLD WASHINGTON COLLEGE  
FOOD SERVICE SANITATION PROGRAM  
30 EAST LAKE STREET  
CHICAGO, IL 60601**

**SIGNATURE** \_\_\_\_\_

**For office use only**

ID Checked \_\_\_\_\_

IDPH Number: \_\_\_\_\_ or EF Number: \_\_\_\_\_

**RECIPROCITY:**

Cert. # Issued: \_\_\_\_\_ Exam. Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date mailed: \_\_\_\_\_ Receipt number: \_\_\_\_\_ Revised 01/27/05