CITY OF PHILADELPHIA
Department Of Health
Environmental Health Services

Application for Food Establishment Personnel Food Safety Certificate

PRINT CLEARLY WITHIN BLOCKS USING CAPITAL LETTERS. SEE ATTACHED INSTRUCTIONS.

First Name

Middle Initial

Last Name

Current Street Address

Additional Information Floor / Location / Apartment#

City

State

Zip Code -

Day Phone - -

Evening Phone - -

Social Security Number - -

Date of Birth / /

Check Type of Application

☐ Initial

☐ Replacement

Payment Amount $ _____

Signature _____ Date _____

For Office Use Only

Payment				Testing Agency																			
Chk		Eval		ETS		MUST		DR		/		/		CID		/		/	
MO		Scan		NRA		Other		CN						ED		/		/	