



**CHICAGO DEPARTMENT OF PUBLIC HEALTH**  
**FOOD PROTECTION DIVISION**  
**FOOD SERVICE SANITATION MANAGER PROGRAM**  
 Telephone: (312) 850-3522/7887/7853  
 Fax (312) 850-7142

**If you need a Receipt please include a self-addressed & stamped envelope**  
**MAILING ADDRESS: MALCOLM X COLLEGE**  
 Food Service Sanitation  
 1900 W. Jackson Blvd, Suite 0203  
 Chicago, IL 60612

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

**PLEASE PRINT CLEARLY**

**DATE** \_\_\_\_\_

**FULL LEGAL NAME:** \_\_\_\_\_

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

**HOME ADDRESS:** \_\_\_\_\_ **(APT #)** \_\_\_\_\_

**(CITY)** \_\_\_\_\_ **(STATE)** \_\_\_\_\_ **(ZIP)** \_\_\_\_\_

**DAYTIME TELEPHONE ( )** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

- NEW/ RECIPROCITY REQUEST - PLEASE PROVIDE THE FOLLOWING ITEMS:**
- COPY OF IL DEPT. OF PUBLIC HEALTH Manager's Certificate OR Certificate from testing agency WITH completed training hours form (Course conducted by approved Illinois or City of Chicago Instructor)**
- COPY of Picture ID (Driver's license or state ID)**
- \$40 Cash or Money Order (Checks and Credit Cards are NOT accepted.)**  
**If applying by mail a \$40 Money Order payable to Malcolm X College is required.**
- \* Approved testing agencies: ServSafe, Prometric, National Registry for Food Safety Professionals, 360 Training**

- DUPLICATE REQUEST - PLEASE PROVIDE THE FOLLOWING ITEMS:**
- COPY of a Picture ID (Driver's license or state ID)**
- Verification letter from the Illinois Restaurant Association (if applicable)**
- \$40 Cash or Money Order (Checks and Credit Cards are NOT accepted.)**  
**If applying by mail a \$40 Money Order payable to Malcolm X College is required.**
- Certificate #** \_\_\_\_\_ **Exam Date:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**PLEASE ENSURE THAT YOU PROVIDE (OR IF MAILED) ALL REQUESTED ITEMS LISTED ABOVE OR YOUR APPLICATION WILL BE RETURNED AND NOT PROCESSED.**

**\*\*\* (Please fill out this section or your application will not be processed.)**

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

**LOCATION OF EXAM: (STATE)** \_\_\_\_\_

**APPLICANT SIGNATURE: X** \_\_\_\_\_

**\*\*\*\*\*Allow 4 – 6 Weeks for Processing \*\*\*\*\* OFFICE USE ONLY: Receipt Number:** \_\_\_\_\_

**PAY AT BUSINESS OFFICE ROOM 1408 ON THE 1<sup>ST</sup> FLOOR. REQUEST A TICKET FROM KISOK THEN WAIT FOR YOUR NUMBER TO BE CALLED TO PAY. RETURN TO SUITE #0203 WITH RECEIPTS**