



**CHICAGO DEPARTMENT OF PUBLIC HEALTH**  
**FOOD PROTECTION DIVISION**  
**FOOD SERVICE SANITATION MANAGER PROGRAM**  
 Telephone: (312) 850-3522  
 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: \_\_\_\_\_

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

SOCIAL SECURITY NUMBER (Last 4 digits): **XXX-XX-** \_\_\_\_\_

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

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

- NEW/ RECIPROCITY REQUEST** - PLEASE PROVIDE THE FOLLOWING **PRINTED** ITEMS:
- Completed Training Hours' Verification Form *AND* Valid Certificate from Testing Agency**  
*(Instructor led course must be conducted by approved City of Chicago Instructor verified with completed hours of training verification form. On-line training course needs training hours' form completed by proctor with proof of completion of an approved on-line training course.)*

**OR**

Valid State of Illinois Department of Public Health Food Service Sanitation Manager Certificate

- Valid Picture ID (Driver's license, state ID or passport)
- \$52.00 Cash or Money Order (Checks and Credit Cards are NOT accepted.)**  
**If applying by mail a \$52.00 Money Order payable to Malcolm X College is required.**
- \* Approved testing agencies: ServSafe, Prometric, National Registry for Food Safety Professionals, 360 Training, AboveTraining/StateFoodSafety

- DUPLICATE REQUEST** - PLEASE PROVIDE THE FOLLOWING ITEMS:
- Valid Picture ID (Driver's license or state ID or passport)
- \$52.00 Cash or Money Order (Checks and Credit Cards are NOT accepted.)**  
**When applying by mail a \$52.00 Money Order payable to Malcolm X College is required.**
- City of Chicago FSSMC Certificate # \_\_\_\_\_ Exam Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**PLEASE ENSURE THAT YOU PROVIDE (OR IF MAILED COPIES) 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.)**

Location of Exam: (STATE) \_\_\_\_\_ Name of Training Provider: \_\_\_\_\_

Instructor or Proctor Name: \_\_\_\_\_

**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 (LOCATED IN THE STUDENT WELCOME CENTER) REQUEST A TICKET FOR THE CASHIER THEN WAIT FOR YOUR NUMBER TO BE CALLED TO PAY. RETURN TO SUITE #0203 WITH RECEIPTS AND APPLICATION**