

**WEBER-MORGAN HEALTH DEPARTMENT  
477 23<sup>rd</sup> STREET  
OGDEN, UT 84401  
TELEPHONE: (801) 399-7160**

**APPLICATION  
FOOD SAFETY MANAGER CERTIFICATION**

Name of the food service facility the applicant will represent as a Food Safety Manager:

**Name of Facility:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Zip Code:** \_\_\_\_\_

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**Applicant's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

What is your position at the food service facility?

- A) general manager
- B) owner
- C) shift supervisor
- D) general employee
- E) other \_\_\_\_\_

The applicant must complete this application and present;

- one picture identification
- provide documentation of having passed an approved exam;
  - 1) Utah State University
  - 2) National Restaurant Assoc. (ServSafe)
  - 3) Experior
  - 4) Safeserve Specialties
- submit a fee of **\$20.00**

**Date of Application:** \_\_\_\_\_ **Date of Certification Exam:** \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_