JEFFERSON COUNTY DEPARTMENT OF HEALTH
1400 SIXTH AVENUE SOUTH P.O. BOX 2648 BIRMINGHAM, AL 35202 (205) 930-1260

CERTIFIED FOOD SAFETY MANAGER COURSE APPLICATION

PLEASE PRINT

Last Name ___________________________  First Name _________________________ MI ____

Work Phone Number (   ) ____________________  Home Phone Number (   ) ________________

If you are employed in food service:

Establishment Name: ________________________________________________

Establishment Address: ______________________________________________

__________________________ _____________
(City)                (Zip)

Establishment Permit No.: __________________
(Located on the Food Permit-Top Left Corner)

COST PER CLASS-$150.00 (CASH OR COMPANY CHECK) – CLASS FEE IN NON-REFUNDABLE
PAYMENT DUE AT TIME OF APPLICATION

Write the dates of the week & times of class you will attend from the schedule:

__________________________ (Month & Dates)  __________________________ (Days of the Week)  __________________________ (Time)

(please call 205-930-1260 to confirm availability)

Book Language: ☐ English ☐ Spanish
Test Language ☐ English ☐ Spanish ☐ Korean ☐ Chinese ☐ French Canadian
☐ Japanese ☐ Large Print

ALL CLASSES MUST BE ATTENDED
SEATING IS LIMITED TO 30