



City of Philadelphia
Department of Public Health
Office of Food Protection

APPLICATION INSTRUCTIONS FOR FOOD SAFETY CERTIFICATE

Dear Applicant,

Please read the following instructions carefully:

1. Filling Out the Application Form:
Carefully fill out the application form by printing within the blocks and using only **CAPITAL LETTERS**. The name on your application must exactly match the name on your course certificate and the name on your photo id that will be used to obtain your certificate.

2. Required Fees:
Fees: Initial certificate issuance fee: Thirty dollars (\$30.00)
 Replacement certificate fee: Fifty dollars (\$50.00)

Only mark the replacement block if you are requesting replacement of a lost or destroyed certificate. **(WRITTEN NOTIFICATION STATING THE REASON(S) FOR THE NEED OF A REPLACEMENT CERTIFICATE MUST ACCOMPANY THE APPLICATION.)** It will take **30 business days** to process.

Payment: Payment may be made by CASHIER'S CHECK or MONEY ORDER
 Payable to: Department of Public Health – OFP

MONEY ORDERS OR CASHIER'S CHECKS THAT ARE OLDER THAN 30 DAYS WILL NOT BE ACCEPTED.

3. Proof of Eligibility:
Submit a **copy** of the certificate that indicates the successful completion of a food safety and sanitation training program approved by the Department. **WE DO NOT MAKE COPIES.**

Submit the completed application, the required fee, and proof of eligibility to:

**Department of Health
Office of Food Protection
321 University Avenue
Philadelphia, PA 19104**

If you have any questions, please call our office at 215-685-7495.

4. Obtaining Certificate:
When your certificate has been completed, you will be notified to come to the Office of Food Protection to obtain your certificate. **In order to pick-up the certificate, you have to show your photo ID and the name on the ID has to match the name on the certificate.**



CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH

**APPLICATION FOR FOOD ESTABLISHMENT PERSONNEL
FOOD SAFETY CERTIFICATE, OR CERTIFICATE REPLACEMENT**

PRINT CLEARLY USING CAPITAL LETTERS. SEE ATTACHED INSTRUCTIONS.

Check Type of Application

Initial

Replacement

Payment Amount Enclosed \$ _____

First Name

[Grid for First Name]

Middle Initial

[Grid for Middle Initial]

Last Name

[Grid for Last Name]

Home/Mailing Address

[Grid for Home/Mailing Address]

Additional Information

Floor / Location / Apartment #

[Grid for Additional Information]

City

[Grid for City]

State

[Grid for State]

Zip Code

[Grid for Zip Code]

Day Telephone

[Grid for Day Telephone]

Evening Telephone

[Grid for Evening Telephone]

Date of Birth

[Grid for Date of Birth]

PRESENT PHILADELPHIA FOOD ESTABLISHMENT EMPLOYMENT INFORMATION

Establishment Name:

[Grid for Establishment Name]

Establishment Address:

[Grid for Establishment Address]

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

Chk: [Grid]

MO: [Grid]

DR: [Grid] / [Grid] / [Grid]

CN: [Grid]