Illinois Department of Public Health
Division of Food, Drugs and Dairies

FOOD SERVICE SANITATION MANAGER CERTIFICATION PROGRAM REQUEST FORM

CURRENT INFORMATION (PLEASE TYPE/PRINT)

☐Mr. ☐Ms. ☐Miss ☐Mrs.

LEGAL NAME _____
First Name, Middle Initial, Last Name

ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____ COUNTY _____

DAYTIME TELEPHONE NUMBER _____

SOCIAL SECURITY NUMBER* _____ ILLINOIS FSSMC I.D. # _____

*In accordance with 5 Illinois Compiled Statutes 100/10-65(c), it is mandatory that applications for renewal of a license or a new license include the applicant's Social Security number in order to obtain a license.

PLEASE MARK ALL BOXES THAT APPLY.

_____ A. New Certificate - $35

_____ B. Certificate Renewal - $35 (Must complete one of the state approved training and/or testing requirements within the five year certification period, prior to expiration, in order to be eligible for renewal.) **Recertification criteria for renewal must be received by the Department postmarked no later than 30 days after the certificate's expiration.**

_____ C. Replacement Certificate - $10

_____ D. Notification of Name and/or Address Change only (no corrected certificate needed)

_____ E. Reciprocity - **You will be billed $35** - DO NOT send money now. Illinois has a reciprocity agreement with the City of Chicago. Enclose copy (not original) of current City of Chicago certificate. Illinois also recognizes some certificates from other providers. See reverse side for more details.

REVIEW THE REVERSE SIDE OF THIS FORM FOR COMPLETE DESCRIPTIONS.

The licensee shall also certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

I hereby certify, under penalty of perjury, that

☐ child support DOES NOT APPLY to me.

☐ I AM more than 30 days delinquent in child support payments.

☐ I AM NOT more than 30 days delinquent in child support payments.

Signature_____ **Date** _____

Mail this request with appropriate fee (if required) to

Illinois Department of Public Health
Division of Food, Drugs and Dairies
525 W. Jefferson St.
Springfield, IL 62761
Telephone 217-785-2439
Fax 217-782-0943
TTY for Hearing Impaired Use Only 800-547-0466

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Division of Food Drugs and Dairies

Instructions for Completion

A. New Certificate

Within approximately 4-6 weeks from the date of your examination if you have not received your original computer generated application indicating your passing score you may complete this form and submit it with the required $35 fee. Complete all sections of the form, including the child support statement and submit it with a $35 check or money order payable to the Illinois Dept. of Public Health or "IDPH." The Illinois Food Service Sanitation Manager Certification certificate is valid for five years upon receipt of the required fee and application/request form. **NOTE: You must notify the Department of any address changes during your certification period.**

B. Certificate Renewal

If your certificate expires within the next three months and you have not received a renewal notice, complete and submit this form, along with a $35 check or money order payable to the Illinois Department of Public Health. Be sure to mark ONE box, sign and date the child support certification statement. Your renewal request and the $35 renewal fee MUST be postmarked no later than 30 days after the current certificate expiration date. Continuing education/examination requirements MUST be met before the certificate expires.

C. Replacement Certificate

If you need to replace a lost, stolen or misplaced certificate or if you have changed your name or address, and you need a new certificate which shows these changes please complete this form and submit it with the $10 fee. **The certificate holder is required by law to notify the Department of any change of address.** Legal proof of a name change, such as a copy of a driver's license, copy of a divorce decree, copy of a firearm owner's ID (FOID), copy of a passport or copy of a marriage certificate must accompany a request for name change.

D. Notification of Last Name and/or Address Changes – Replacement Certificate Not Needed

If you have changed your name or address, but you do not need a replacement certificate which shows these changes, please complete and submit this form. There is no fee for changes if you do not need an updated certificate. You must notify the Department of address changes to ensure that you receive your renewal application prior to the expiration date. Legal proof of a name change, such as a copy of a driver's license, copy of a firearm owner's ID (FOID), copy of a divorce decree, copy of a passport or copy of a marriage certificate must accompany a request for name change.

E. Reciprocity

If you have a current City of Chicago Food Service Sanitation Manager Certificate and you wish to receive an Illinois certificate, please complete and submit this form along with a photocopy of your Chicago certificate. We must verify that you have a valid Chicago certificate. When we receive this verification, we will send you an application. Do **NOT** send any money with this request. You will be billed. Please allow 6 - 9 weeks for processing. Illinois also recognizes many 15 hour courses that result in certification. Submit a photocopy of your certificate along with the completed FSSMC Request Form. We will evaluate it and contact you as necessary.