Baltimore County Government
Department of Health
Eastern Family Resource Center
9100 Franklin Square Drive, Suite 230
Baltimore, Maryland 21237
410-887-FOOD (3663)
410-887-3392 FAX

BALTIMORE COUNTY CERTIFIED FOOD SERVICE MANAGER - LEVEL I APPLICATION

☐ **New** ☐ **Renewal** ☐ **Replacement**

Name: _____
(First Name) (Last Name)

Home Address: _____

City: _____ State: _____ Zipcode: _____

Work Telephone: _____ Home Telephone: _____

Name and Address of Your/Employer Food Facility: _____

_____

Certificate Issued By: _____

Date Certificate Issued: _____

To transfer card from Baltimore City, Howard County, or Prince George's County

Card issued by: _____ Card Expiration Date: _____
County

I certify that the above information is accurate to be best of my knowledge and realize that falsification may result in revocation of my Baltimore County Certified Food Service Manager Identification Card – Level I.

APPLICANT'S SIGNATURE: _____ Date: _____

Fee: New or Renewal Card: $25 Replacement Card: $15

Make checks or money orders payable to "BALTIMORE COUNTY, MARYLAND".

XXXX