RI Department of Health

Application and Instructions for:

Manager Certified In Food Safety

_____
Applicant Name

OFFICE USE ONLY		
	Initials	Date
Approved by F.O. Supervisor		
Profile Entered By		
License ID#		
Receipt No.		
License No.		

INSTRUCTIONS

- Registration shall be based upon **Satisfactory Compliance** with all applicable laws and regulations.

- **You must apply with the State of Rhode Island within the first THREE years after receiving your national exam certificate. State issued certification must be renewed every three years, after completing the required six-hour refresher course or take an approved examination.**

- Registration forms must be either typed or legibly printed using a ballpoint pen, except signatures, which must be written in ink. Please answer all questions. Do not leave blanks. Incomplete applications will be returned to you and your license/permit will not be issued.

- Attach check/money order to the front of this application and mail or hand deliver to: Office of Food Protection, 3 Capitol Hill, Room 203, Providence, RI 02908-5097. A receipt or cancelled check does not guarantee licensure.

Application Fees:

Food Safety Manager	**$50.00**

- Make your check/money order payable to "General Treasurer, State of Rhode Island". Do not send cash. **This fee is non-refundable.**
  - If you have any questions concerning this application, call the Department of Health, Office of Food Protection at (401) 222-2749.

NOTE: If you are a State or Municipal Employee, This is the **WRONG** application. Please contact the Office of Food Protection at the above number for the correct application.

NOTE: Please notify the Office of Food Protection in writing within ten (10) days of a change of name, employment or address.

REQUIRED ATTACHMENTS:

If you answer yes to any one of the two disciplinary questions: please provide a letter with an explanation.

- **Please enclose a copy of your birth certificate or proof of lawful entry to the country or a copy of your driver's license.**
- **Please attach a copy of your Food Safety Certificate along with hours of training.**
- **Please complete the enclosed mandatory addendum form with your social security number.**
- **Please attach a recent identification photograph in the space provided below:**

Attach
Photo
Here

State of Rhode Island and Providence Plantations
Department of Health
Office of Food Protection

Name: This is the name that will be printed on your License and reported to those that inquire about your License. Do not use nicknames, etc.	Name: _____ Maiden Name: _____
Social Security Number:	_____ - _____ - _____
Gender:	☐ M ☐ F
Date and Place of Birth:	Date _____ / _____ / _____ Place _____ City State
Residence Information: It is your responsibility to keep the Department apprised of all address and phone number changes. **(Not published on the HEALTH web site)**.	Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ City, State, Zip Code _____ Country (only if not in US) _____ Phone: _____ Fax: _____ Email Address: _____
Business/Employment Information: Please provide the employment information related to <u>this</u> license. Include Name of Business/Employer (ie. Memorial Hospital) (**Published on the HEALTH web site**).	Facility Name _____ Facility License Number _____ Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ City, State, Zip Code _____ Country (only if not in US) _____ Phone: _____ Fax: _____ Email Address: _____
Business/Employer License Number: **MANDATORY**	Please provide the RI Department of Health License Number of the Business where you will be working. (FSV/MRK) _____

Education Information:	Did you complete a fifteen (15) hour Division approved Food Safety Training Course? ☐ Yes ☐ No
NOTE: You must enclose a copy of course completion certificate or RECIPROCITY APPLICANTS enclose equivalent educational credentials or certification credentials from participating agency.	Did you pass the Food Protection Certification Monitored Examination? ☐ Yes ☐ No If Yes, Course Location_____ Instructor License # _____ Name of Testing Company_____ Date of Examination _____ Certificate No. _____

Disciplinary Actions

Check either "Yes" or "No" for each question. NOTE: If you answer "YES" to any question, you are required to furnish completed details, including date, place, reason and disposition of the matter.

Disciplinary Question A	Have you ever been convicted of a violation of, or pled Nolo Contendere to any Federal, State or local statute, regulation or ordinance, or entered into a plea bargain related to a felony, (including convictions for driving under the influence), or related to the manufacture, distribution, possession, prescribing, administering or dispensing of drugs presently defined as controlled substances under (Chapter 21-28) of the General Laws of Rhode Island? ☐ Yes ☐ No
Disciplinary Question B	Have you ever had a membership in a professional society revoked, suspended, or limited in any manner or have you voluntarily withdrawn while under investigation? ☐ Yes ☐ No
Affidavit of Applicant Read, sign and date this Affidavit.	**AFFIDAVIT AND SIGNATURE** **This Application Must be Signed** **I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my License in the State of Rhode Island.** **I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.** **Signature of Applicant** **Date of Signature (MM/DD/YY)**

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Rhode Island Department of Health

3 Capitol Hill, Providence RI, 02908-5097

MANDATORY ADDENDUM TO LICENSE APPLICATION

Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration

☐ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.

☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.

☐ I am currently pursuing administrative review of taxes owed to the state.

☐ I am in federal bankruptcy. (Case # _____)

☐ I am in state receivership. (Case # _____)

☐ I have been discharged from Bankruptcy.
(Case # _____)

_____
Type of Professional/Business License for which you are applying

_____ _____
Full Name (Please Print or Type) Social Security Number

_____ _____
Signature Phone Number (including area code if not 401)

_____ _____
Date Name of Business (If Applicable)

This form must be completed, signed and attached to your license application for processing.