Application for Child Nutrition Certification

I. Type of Certification Requested: Must provide an Official High School or College Transcript. (Check only one)			
Manager, Regular	Food Service Administrator, Emergency		
Manager, Emergency	Food Service Administrator, Provisional		
Satellite Manager	Food Service Administrator II		
	Food Service Administrator III		
	Food Service Administrator IV		
II. Person to Be Certified:			

Last Name	st Name First Name		MI		
Position		Hire Date			
School District Name	and Address				
Reason for Certificatio	n Request:				
III. Is the person to be hi	red ServSafe Certified?	Yes	No		
(MUST provide Cer	rtification Certificate within	30 days of hire	e date.)		
	ntation must be submitted wit on for each type of certificati			MUM	
V. Authorized Signatures	:				
Signature of Applicant			Date		
Signature of School Food Service Administrator			Date		
Signature of Superinten	ignature of Superintendent		Date		
Section 15-Certification of Ac	ministrators and Managers 2/2017	form rev	ised 08/2018	15-10	