Application for Child Nutrition Certification		
I. Type of Certification Requested: Must provide an Official High School	l or College Transcript. (Check only one)	
Manager, Regular	Food Service Administrator, Emergency	
Manager, Emergency	Food Service Administrator, Provisional	
Satellite Manager	Food Service Administrator II	
Assistant Manager	Food Service Administrator III	
	Food Service Administrator IV	
II. Person to Be Certified:		
Last Name	First Name	MI
Position	Date Hired as	Manager or FSA
School District Name and Address		
Reason for Certification Request: New Hire District Trans	sfer Promotion Other, Specify	
III. Is the person to be hired ServSafe	e Certified? Yes No	·····
(MUST provide Certification Certifi	ficate within 30 days of hire date.)	
	be submitted with this application. The MINI cation is outlined in the attached document.	MUM required
V. Authorized Signatures:		
Signature of Applicant	Date	
Signature of School Food Service Ad	dministrator Date	
Signature of Superintendent	Date	
Section 15-Certification of Administrators and Mana		15-10
OCN use Only: Processed by:	Dat	e: