

Certified Employee Identification Card Application

Use this form to apply for an identification card certifying employees in business-specific safety. Food businesses, swimming pools, spas, and massage establishments are required to have at least one certified employee.

Application type.	
Type of Application:	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal (<i>required every 3 years</i>) <input type="checkbox"/> ID Card Replacement (<i>if lost</i>)
Type of ID Card:	<input type="checkbox"/> Food Protection Manager <input type="checkbox"/> Swimming Pool and Spa Operator

Establishment's information.	
Establishment name:	
Establishment address:	Washington, D.C. ZIP:
Point of contact name:	Point of contact phone:

Applicant's information.	
First name:	Last name:
Address:	City: State: ZIP:
Email:	Phone:
Test organization:	Test score OR certificate #: Exam date:

Certification and signature.	
<p>By signing below, I certify that the information submitted in this application is correct to the best of my knowledge and I affirm my understanding that if I make a false statement on this application, I may be fined up to \$1,000 and/or imprisonment up to 180 days (D.C. Official Code § 22-2405).</p>	
>>> SIGN HERE >>> _____	Date: _____

Gather supporting documents and payment.	
Food Protection Manager	→ Attach a copy of your National Food Manager's Certificate \$35
Swimming Pool and Spa Operator	→ Attach a copy of your Pool Operator's Certificate \$10

Submit application and payment.	
In Person 899 North Capitol Street, N.E.; 1 st Floor Processing Center Washington, D.C. 20002 <i>Monday – Friday: 8:15 am – 4:45 pm</i> <ul style="list-style-type: none"> • Check or money order made out to "DC Treasurer" • Credit or debit 	By Mail DC Health-Food Safety & Hygiene Division P.O. Box 37489 Washington, D.C. 20013 <ul style="list-style-type: none"> • Check or money order made out to "DC Treasurer"
Certificates will be printed at the Processing Center. <ul style="list-style-type: none"> • You may pick it up during the business hours listed above, or you may request that it be mailed to you. • You must post the ID card within the establishment where customers can view it. • All establishments must have at least one certified employee present at all times during operating hours (<i>exception for businesses selling only pre-packaged, non-hazardous foods</i>). 	

DC HEALTH USE ONLY			
Processed by:	ID #:	Date issued:	Date emailed:
Application cost:	<input type="checkbox"/> CFPM (\$35) <input type="checkbox"/> SPO-New/Replacement (\$10) <input type="checkbox"/> Replacement CFPM (\$15)		
Payment method:	<input type="checkbox"/> Credit/Debit <input type="checkbox"/> Cash <input type="checkbox"/> Check/Money Order # _____		