

**For Office Use Only:**  
Date Received: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
Check #: \_\_\_\_\_  
Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

# CFPM Duplicate Application

CERTIFIED FOOD PROTECTION MANAGER (CFPM)

## Applicant information

Name \_\_\_\_\_  
Last First Full middle name

Mailing address \_\_\_\_\_  
Street Apt. (if applicable)

City State ZIP County

Social security number\* \_\_\_\_\_

**\*Required under Minnesota Statutes, section 270C.72, subdivision 4**

Applicant phone \_\_\_\_\_

Applicant email \_\_\_\_\_

### Preferred method to receive renewal notifications

Mailing address  Applicant email

## Individuals applying for duplicate CFPM certificate

Submitting false information is grounds for denying your application or suspending, revoking or taking other disciplinary action against your certificate. Failure to provide required information may delay the processing of your application and may be grounds for denying your application.

For information on licensing data see Minnesota Statutes, section 13.41.

## Submit application

### Before mailing, be sure to include the following

- 1. Completed and signed application form
- 2. Check or money order made payable to MDH for \$20  
**NO CASH, CREDIT or DEBIT CARDS ACCEPTED**

**Incomplete applications will be returned to the applicant.**

### Mail to

Minnesota Department of Health  
Certified Food Protection Manager  
Food, Pools, and Lodging Services Section PO  
Box 64495  
St. Paul, MN 55164-0495

I certify that the information provided and submitted on this application is accurate and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_