



Food Service Sanitation Manager Certification (FSSMC) Program Request Form

Full
Legal Name _____
First Name, Middle Initial, Last Name

Address _____ City _____

State _____ ZIP Code _____ County _____

Daytime Telephone Number _____

Social Security Number* _____ Illinois FSSMC ID # _____

* In accordance with 5 Illinois Compiled Statutes 100/10-65(c), it is mandatory that applications for a new license include the applicant's Social Security number in order to obtain a license.

MARK ALL BOXES THAT APPLY

- A. New Certificate - \$35**
- B. Replacement Certificate - \$10**
- C. Notification of Name and/or Address Change only (no corrected certificate needed)

** In accordance with the Illinois Food Service Sanitation Code (750.551 (b)(c)), all FSSMC fees are non-refundable.

◆ Child Support Declaration ◆

Under Illinois law, you must select one of the choices below regarding child support and sign the declaration. The Illinois Department of Public Health will be unable to process your application until a completed statement is provided. This information is required of ALL applicants, regardless of whether the applicant has ever been ordered to pay child support.

If issues of court-ordered child support do not apply to you, answer "NO."

Making a false statement shall subject the applicant to contempt of court {5 ILCS 100/10-65(c)}.

Are you more than 30 days delinquent in complying with a child support order? YES NO

Signature _____ Date _____

Make checks payable to "Illinois Department of Public Health" or "IDPH".

Mail this request
with appropriate fee**
(if required) to:
Illinois Department of Public Health
Division of Food, Drugs and Dairies
525 W. Jefferson St.
Springfield, IL 62761

To find Illinois approved FSSMC courses: <http://public.dph.illinois.gov/fssmccourses>

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