



Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

CERTIFIED FOOD PROTECTION MANAGER REPLACEMENT NOTIFICATION

Please Print

Date: _____

Name of Establishment: _____

Owner/Manager of Establishment: _____

Establishment Address: _____

Phone: _____

Name of Certified Food Protection Manager being terminated/transferred: _____

Date of termination/transfer: _____

Name of Replacement Certified Food Protection Manager: _____

Type of Certified Food Protection Manager Certificate:

- National Restaurant Association (ServeSafe)
- Prometric
- National Registry of Food Safety Professionals, Inc
- Certifying Board of Dietary Managers (certificates issued before 2003)
- Other – Please specify

Date of replacement: _____

Please enclose a copy of Certified Food Protection Manager certificate.

Signature of owner/manager