



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: _____

Establishment Address: _____

Owner/Manager of Establishment: _____ Phone: _____

Name of CFPM being terminated/transferred: _____

Date of termination/transfer: _____

Name of Replacement CFPM: _____

Type of Certified Food Protection Manager Certificate:

- ___ AAA Food Safety LLC, Certified Food Protection Manager
- ___ APS Culinary Dynamics WFSO-USA Food Protection Manager
- ___ Certus/State food Safety StateFoodSafety Certified Food Protection Manager Exam
- ___ Learn2Serve Food Protection Manager Certification Program
- ___ My Food Service License Certified Food Protection Manager
- ___ National Restaurant Association Solutions ServSafe Food Protection Manager Certification Program
- ___ National Registry of Food Safety Professionals Food Protection Manager Certification Program
- ___ Relish Works, Inc Food Protection Manager
- ___ Responsible Training/Safeway Certifications, LLC Food Protection Manager Certification
- ___ The Always Food Safe Company, LLC Food Protection Manager Certification

Date of replacement: _____

Please enclose a copy of Certified Food Protection Manager certificate.

Signature of owner/manager