

Food Handler Certificate Replacement Form

For replacement copy of lost or misplaced certificates, complete form below. Expect to receive replacement certificate approximately 7–10 days after form has been received.

Give contact Informatio	n (replacement certifica	ate will be mailed to	this ad	dress)		
Student name:						
Mailing address:		Prov.	Postal code:			
Telephone:	Cell:			Fax:		
Email address:						
? Give when and where th	ne course was take	n (<u>NOTE</u> : Certifica	ntes expi	ire after five ye	ears)	
Course date:						
Course location:						
Sponsor / employer:						
☐ Replacement	Certificate	FEE \$10.79	+	HST (15%) \$1.62	=	**12.41
Forward form with cheque of	or money order ONLY (no c	debit, credit or cash)	payable 1	to " <u>Minister of F</u>	inance"	
Return completed form	with payment to					
Nova Scotia Department of Environmental Health and Foo						
PO Box 442 Halifax, NS B3J 2P8			OF	FICE USE ONL	.Y	
Questions? Call: 902-424-0285 • Fax: 902-424-0501		Paid by: CH	Q. 🗌 MO	. Receipt #:		
		Amount:		Certificate ma	iled:	