

**Georgia Department of Public Health  
Environmental Health Section**

**Environmental Health Specialist Registration/Contact Information Form**

Check/Fill in all that apply:

- \_\_\_\_\_ New employee Hire date: \_\_\_\_\_
- \_\_\_\_\_ Existing employee applying for additional certification(s)  
Certification #: \_\_\_\_\_
- \_\_\_\_\_ On-site Sewage Certification (enter scores below and attach exams)
- \_\_\_\_\_ Certified Food Safety Manager Certification (attach CFSM certificate and training records)
- \_\_\_\_\_ Food Code Certification (enclose disk containing exam)
- \_\_\_\_\_ Change in contact/employment information (please place a \* next to the new information)

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
*(Name as you would like it to appear on your card/certificate) (Jr., Sr., III, etc.)*

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Last 4 digits of Social Security # \_\_\_\_\_ Employee ID # \_\_\_\_\_

Email Address \_\_\_\_\_

County/District of Employment: \_\_\_\_\_

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**On-site Sewage Exam Records (to be completed by the Examiner):**

Residential (Level I) Exam Score: _____	Exam Date: _____/_____/_____
Commercial Exam Score: _____	Exam Date: _____/_____/_____
Mound Exam Score: _____	Exam Date: _____/_____/_____
Drip Exam Score: _____	Exam Date: _____/_____/_____
Pumper I Exam Score: _____	Exam Date: _____/_____/_____
Portable Sanitation Exam Score: _____	Exam Date: _____/_____/_____

Examiner Name \_\_\_\_\_ Examination Site \_\_\_\_\_

Mail the original, fully completed application and copies of all exams (cover sheets only), certificates and/or training records to:

State Environmental Health Office, 13<sup>th</sup> floor, 2 Peachtree Street N.W. - Atlanta, GA 30303

Or email to: [Leslie.Freyman@dph.ga.gov](mailto:Leslie.Freyman@dph.ga.gov)