

**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 CFMS certificate and training records)
_____ Food Code Certification (enclose disk containing exam)
_____ Change in contact/employment information (please place a * next to the new information)

First Name _____ Last Name _____ Middle Initial _____ Suffix _____
(Name as you would like it to appear on your card/certificate) (Jr., Sr., III, etc.)
Home Phone # _____ Cell Phone # _____ Pager/Southern Linc # _____
Last 4 digits of Social Security # _____ Employee ID # _____
Email Address _____
County/District of Employment: _____

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: _____/_____/_____
Pumper II 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, certificates and/or training records to:
State Environmental Health Office, 13th floor , 2 Peachtree Street N.W. - Atlanta, GA 30303

Or email to: Leslie.Freyman@dph.ga.gov