



**PENNSYLVANIA DEPARTMENT OF AGRICULTURE
BUREAU OF FOOD SAFETY AND LABORATORY SERVICES
2301 NORTH CAMERON STREET
HARRISBURG, PA 17110-9408**

REQUEST FOR FOOD EMPLOYEE RECERTIFICATION

A PERSON MUST COMPLETE A DEPARTMENT-APPROVED INITIAL CERTIFICATION PROGRAM AND APPLY FOR AN INITIAL PDA CERTIFICATE BEFORE SEEKING PDA RECERTIFICATION. AN APPLICANT MAY SUBMIT THIS APPLICATION AFTER MEETING THE INITIAL REQUIREMENTS AND THE SUCCESSFUL COMPLETION OF A DEPARTMENT-APPROVED RECERTIFICATION TRAINING PROGRAM.

Applicant's Information: (Please print in black ink or type)

Applicant's name: _____

Address: CHECK ONE: HOME ADDRESS BUSINESS NAME AND ADDRESS

Telephone () _____ Fax: () _____ E-mail: _____

Course Title: _____

Program Sponsor: _____

Instructor: _____

Training Location Address: _____

Certification Category: General _____ Limited-Handling PHF _____

Process-Specific _____ Process Specific Category: _____

Program Format: _____ Total hours: _____ Training Date(s) _____

PLEASE ATTACH A COPY OF THE MOST CURRENT PDA CERTIFICATE

I hereby apply to the Pennsylvania Department of Agriculture for recertification under the Food Employee Certification Act (3 Pa.C.S.A. Sections 6501-6510). I verify that the information I provided on this application is true and correct. False statements are subject to penalties for unsworn falsifications to authorities (18 Pa.C.S.A. Section 4904).

Signature _____ Date ____/____/____

NOTE: RETURN THIS ORIGINAL FORM AND REQUESTED DOCUMENTS ALONG WITH A CHECK OR MONEY ORDER FOR \$20 MADE PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA".
THANK YOU. Rev. 8/04

Office Use: Date Received _____	Date Approved _____	Approved By _____
Additional information requested _____	Date Received _____	
Revisions Requested _____	Date Received _____	