



Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

QUALIFIED FOOD OPERATOR – REPLACEMENT NOTIFICATION

Please Print

Date: _____

Name of Establishment: _____

Owner/Manager of Establishment: _____

Establishment Address: _____

Phone: _____

Name of QFO being terminated/transferred: _____

Date of termination/transfer: _____

Name of Replacement QFO: _____

Type of QFO Certificate:

- National Restaurant Association (ServeSafe)
- Certifying Board of Dietary Managers
- Experior Assessments
- National Registry of Food Safety Professionals, Inc
- Chauncey Group (ETS)
- National Assessment Institute
- Other – Please specify

Date of replacement: _____

Please enclose a copy of QFO certificate.

Signature of owner/manager