



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