



**WAIVER-FOOD SAFETY TRAINING  
DEPARTMENT OF PUBLIC INSTRUCTION  
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS**

SFN 53216 -(3-08)

Sponsor Name:	Site Name:
Local Agency Number:	Telephone Number:

I request a waiver of the training requirement for the following reason (check one):

1.  The employee has educational experience that meets or exceeds the minimum requirement (college degree or technical training in foodservice or related area of study-**attach copies of transcripts**).

\_\_\_\_\_ Name of Employee \_\_\_\_\_ Indicate Area of Study

2.  Limited food preparation is done at this site (3-hour Sanitation Update course is required instead of 10-hour Sanitation & Safety course.):

Meals are contracted     Serve only snacks     Prepare breakfast and snacks, lunch is contracted

Other (describe below)

3.  Other reason for waiver (explain circumstances):

Completed by:

Name of Authorized Representative:

**For DPI Use Only:**

Approved     Not Approved

Name	Title	Date
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Return to:  
Department of Public Instruction  
Child Nutrition and Food Distribution Programs  
600 East Boulevard, Dept. 201  
Bismarck, ND 58505-0440  
or  
Fax: 701-328-2461