LSBES - 1 Revised 06/2016

Audited by:_

Louisiana State Board of Examiners for Sanitarians

7515 Jefferson Hwy., Box 161 Baton Rouge, Louisiana 70806 Phone (225) 324-6989 Website www.lsbes.org

Enter C	Calendar Year fo	r Renewal:		Ве	sure to	comple	ete ALL inf	formation
Sanitarian Name:				Place of Employment:				
License #:				Address:				
Sanitarian Mailing Address:				City/State/Zip:				
City/State/Zip:				Phone #:				
Renewal Fee: \$25.00 (Do not staple or tape payment to form)				Fax #:				
Check # or Money Order #:				Email:				
Late Fee:	: \$15.00 if postmarke	ed after January 15,	20XX	Supervisor	's Name:			
Is this an	address change?	() Yes (() No	Supervisor	's Phone #:_			
examiners t	for Sanitarians can	·	•	_	Snonso	or	Contact	,
Examiners 1		be used to compl	lete the require	Date	Sponso	or	Contact Hours	
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KEEP A COPY FOR YOUR RECORDS!

Audit Date: ____/___/__