



Lincoln Trail District Health Department

108 NEW GLENDALE ROAD
P.O BOX 2609
ELIZABETHTOWN, KENTUCKY 42702-2609
(270)-769-1601
FAX (270)-765-7274

2019 Person In Charge Payment Form

(PLEASE COMPLETE ALL LINE ITEMS. ONE PERSON PER FORM)

Establishment: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Date of Class: _____

Amount Paid: _____

Ck or M.O. #: _____

Cash: _____

***NO REFUNDS! THERE IS A \$50.00 FEE TO TAKE THE EXAM AND STUDENTS MUST BE ABLE TO PASS A WRITTEN EXAM. CERTIFICATION IS VALID FOR 3 YEARS. YOU MUST PAY BEFORE THE DAY OF THE CLASS, THERE WILL BE NO PAYMENTS ACCEPTED DURING THE DAY OF THE CLASS AND YOU WILL NOT BE ADMITTED INTO TRAINING WITHOUT PAYING PRIOR TO THE TRAINING DATE. YOU MUST BRING PHOTO ID TO CLASS. PLEASE SUBMIT PAYMENT TO THE ADDRESS BELOW OR DELIVER TO YOUR NEAREST HEALTH CENTER ENVIRONMENTAL OFFICE.**

**Send Payment to:
Lincoln Trail District Health Dept
Attn: Environmental Office
P O Box 2609
Elizabethtown, KY 42702**

FOR OFFICE USE ONLY

Employee receiving payment: _____ Date: _____



Public Health
Prevent. Promote. Protect.