



APPLICATION FOR WILD MUSHROOM IDENTIFICATION EXPERT

State Form 56349 (7-17)

INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION
 2 North Meridian Street
 Indianapolis, IN 46204
 Telephone: (317) 233-1974
 Fax: (317) 233-9200

INSTRUCTIONS: This form is to apply to be recognized as a wild mushroom identification expert In Indiana. All mushroom identifiers must submit documents verifying qualifications that demonstrate an ability to identify wild edible mushrooms. Return this completed form along with documentation to the Indiana Department of Health, Food Protection Division (IDOH FPD).

APPLICANT INFORMATION		
Name of mushroom identification expert	Date of application (month, day, year)	
Mailing address (number and street, city, state, and ZIP code)		
E-mail address	Telephone number ()	Fax number (optional) ()
Qualifications: <i>(Check one and attach references.)</i> <input type="checkbox"/> Morel Only Mushroom Identifier Status <input type="checkbox"/> Morel and Other Wild Edible Mushroom Identifier Status		

WILD MUSHROOM INFORMATION	
<i>List wild mushrooms you are qualified to identify.</i>	
Common Name(s)	Scientific Name(s)

FOOD SAFETY TRAINING		
Have you completed food safety training? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of training	Date of training (month, day, year)

WEB PAGE LISTING	
<i>If approved, a letter confirming approval to identify wild mushrooms in Indiana and procedures for completing wild mushroom buyer specification forms will be provided to you. Your letter of acceptance and your contact information will be listed on the IDOH FPD webpage based on what you select below.</i>	
<input type="checkbox"/> Do not list my information on the IDOH FPD webpage. <input type="checkbox"/> List my name and IDOH FPD acceptance letter only.	
<i>If you request to have additional information listed, please check below.</i> <input type="checkbox"/> Telephone number <input type="checkbox"/> E-mail address <input type="checkbox"/> Full address <input type="checkbox"/> Counties served: _____	

Signature of mushroom identification expert	Date signed (month, day, year)
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FOR INTERNAL USE ONLY:	Mushroom identifier number
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