Date:

To:

Ajman Public Health Program

Public Health Department

To whom it may concern,

**Authorization Letter for Food Safety Person(s) in Charge**

We, the undersigned, hereby authorize the individual(s) listed below to attend the training program aimed at improving the HACCP system in our food business, in accordance with the Federal Food Safety Law No. 10 of 2015 and the Local Public Health Order in Ajman No. 01 of 2015. This authorization is valid from the date of this letter until further written notice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Full Name | Job title | Email | Mobile Number |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

Yours Sincerely,

<Manager Name>

<position>

<Company Name>

<Address>

<Contact Number>