

FOR OFFICE USE

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**AUSTIN/TRAVIS COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION**

P.O. BOX 142529 Austin, TX 78714
Phone: (512) 978-0300 Email: ehsd.service@austintexas.gov
Web Address: <http://www.austintexas.gov/ehsd>



Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Food Manager Registration
Initial Registration or Card Replacement

Applicant Information

Print the registrant's name exactly as it appears on the Government Issued Photo ID supplied with the application.

Applicant:	_____			
	Last Name	First Name	Middle Name	
Photo ID:	_____			
	Photo ID Number	Type of Government Issued Photo ID Submitted (Example: Driver's License, Passport, State ID)		
Home Address:	_____			
	Street	City	State	Zip Code
Mailing Address:	_____			
	Street	City	State	Zip Code
Email Address:	_____		Phone Number:	_____
	<i>Email addresses will not be distributed. (Internal use only)</i>			(###) ### - ####
Date of Birth:	_____			
	MM / DD / YYYY			

Please Check One of the Following

*(Note: Incomplete applications **will not** be processed and will be returned.)*

<input type="checkbox"/>	Registration Only: I am certified through a nationally accredited Food Manager education/training program and need to register my certificate with the City of Austin. <i>All paid Food Manager Registrations are valid from the date of registration through the date of expiration listed on the card/certificate submitted. All fee exempt Food Manager Registrations are valid for 1 year or until the date of expiration listed on the card/certificate submitted.</i>
<input type="checkbox"/>	Replacement: I have lost my Food Manager Registration and need a replacement copy.

Enclosed are the following:

- 1) **\$28.00** Registration Fee
- 2) A copy of my **Food Manager** certificate from: _____
- 3) A copy of my current Government Issued Photo ID

Enclosed are the following:

- 1) **\$14.00** for a replacement copy of my City of Austin Food Manager registration
- 2) A copy of my current Government Issued Photo ID

DO NOT MAIL CASH PAYMENTS

Payment Forms Accepted: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX
Make checks and money orders payable to: ATCHD or Austin/Travis County Health & Human Services
Debit cards not accepted. Credit cards not accepted for Travis County payments.

Payment must accompany applications submitted by mail (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via email (ehsd.service@austintexas.gov) please note that an EHSD representative will contact you by phone to collect a credit card payment within 2 business days of submission.

Applicant's Signature

Print Name

Date

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the aforementioned registration will be conducted in accordance with all applicable provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas.

Revised 10/16/15

<http://www.SurveyMonkey.com/s/EHSDSurvey>