Received/Intake Date:	_// Intake Stat	ff Initials	ROW ID	
	ircle Payment: CK CASH CC			
Payment Date:/	/ By: CC Type/Ck	No: Amt \$	Receipt #	
FM Issued://	FM Expiration:/_	_/ FM Certificate #:_		
	FRAVIS COUNTY HEALTH & ENVIRONMENTAL HEAL PO BOX 142529 Phone (512) 978-0300	TH SERVICES DIVISION Austin, TX 78714 0 Fax (512) 978-0322		Y OF TRACE
UNDED 18	p://www.austintexas.gov/departr Services 1520 Rutherford LN, NE	•		OF 15
FOOD MANAGER (CERTIFICATE of RECIPROPERTY (Please F		ENT COPY APPL	ICATION
Name:				
Last Name as it appears on the Dr	river's License or Government is	First	Middle	
- Traine as it appears on the Bi	TVOI 3 Election of Government is	adea i noto ib provided to de		
river's License or Governme	ent Issued Photo ID:			
lawa Adduaca		Type of ID	ID#	
lome Address: Street	Apt #	City	State	Zip Code
	•	·		·
ail registration card to:				
lail registration card to:	Street	Apt	#	
lail registration card to:	Street	Apt	#	
ail registration card to:	Street	Apt Zip Code		
City	Street	Zip Code	9	
City hone Number:	Street State	Zip Code	9	
City Phone Number: Date of Birth:	Street State	Zip Code	9	
City Phone Number: Date of Birth:	Street State	Zip Code	9	
City Phone Number: Date of Birth: The City of Austin requires at leterood Manager.	Street State ast one individual in each Food	Zip Code	9	
City Phone Number: Date of Birth: The City of Austin requires at left ood Manager. Please Check One of the Following approved Certified Food approved Certified Food	Street State ast one individual in each Food	Zip Code EMAIL: Enterprise to be registered was a Texas my Driver's License or government.	Department of State	as a Certified Health Service ID.
City Phone Number: Date of Birth: The City of Austin requires at left ood Manager. Please Check One of the Following approved Certified Food approved Certified Food	Street State State Past one individual in each Food Dwing: Docity: Enclosed is a copy of my of the copy of card/certificate up until the expirit	Zip Code EMAIL: Enterprise to be registered was a Texas my Driver's License or government.	Department of State	as a Certified Health Service ID.
City Phone Number: Pate of Birth: The City of Austin requires at legate Manager. Please Check One of the Folkon Certificate of Recipro approved Certified Food You may register your Please Check One of the Folkon Circle one fee: \$28 / 1yr Replacement Copy-\$ Please provide a legible	Street State State Past one individual in each Food Dwing: Docity: Enclosed is a copy of my of the copy of card/certificate up until the expirit	Zip Code EMAIL: Enterprise to be registered was a Texas my Driver's License or gover ation date on it. We do not possible 112 / 4yrs \$140 / 5yrs. Cood Manager Certificate. Vernment issued photo ID.	Department of State	as a Certified Health Service ID.
City Phone Number: The City of Austin requires at left ood Manager. Please Check One of the Folkows approved Certified Food You may register your may register your may register your may register your may requested a legible Reason for requested stash, Check, Money Order, Master thecks payable to Austin/Travis Control Please provide a legible results of the control of the cont	Street State State Past one individual in each Food Dowing: Dod Manager exam and a copy of card/certificate up until the expire \$56 / 2yrs \$84 / 3yrs State: of current City of Austin File copy of Driver's License or go	Zip Code EMAIL: Enterprise to be registered was a Texas my Driver's License or gover ation date on it. We do not possible to the state of the stat	Department of State roment issued photo rorate the calendar yes	as a Certified Health Service ID. ear. IT VIA MAIL!! 4. Or fax applic

Please Note: The City of Austin complies with Section 504 of Federal Law and does not discriminate against any person on the basis of race, handicap or ethnicity.

Print Name

Date

Applicant's Signature