

**Office Use Only**

Received/Intake Date: \_\_\_/\_\_\_/\_\_\_ Intake Staff Initials \_\_\_\_\_ ROW ID \_\_\_\_\_  
Circle Payment: CK CASH CCard  
Payment Date: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_ CC Type/Ck No: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

**FH/FM Issued:** \_\_\_/\_\_\_/\_\_\_ **FH/FM Expiration:** \_\_\_/\_\_\_/\_\_\_ **FM Certificate #:** \_\_\_\_\_



Austin/Travis County Health & Human Services Department  
Public Health & Community Services Division  
Environmental & Consumer Health Unit



P.O. Box 1088 Austin, TX 78767  
Phone (512) 978-0300 Fax (512) 978-0322

[http://www.ci.austin.tx.us/health/commercial\\_food.htm](http://www.ci.austin.tx.us/health/commercial_food.htm)

Walk-in Services 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD

**FOOD MANAGER CERTIFICATE of RECIPROCITY & REPLACEMENT COPY APPLICATION**

(Please Print)

**Name:** \_\_\_\_\_  
Last First Middle  
Name as it appears on the Drivers License or Government issued Photo ID provided to us.

Drivers License or Government Issued Photo ID: \_\_\_\_\_  
Type of ID ID #

Address: \_\_\_\_\_  
Street APT/UNIT City State Zip Code

Date of Birth: \_\_\_\_\_ Phone #'s: 1) \_\_\_\_\_ 2) \_\_\_\_\_

*The City of Austin requires at least one individual in each Food Enterprise to be register with the City of Austin as a Certified Food Manager.*

**Please Check One of the Following:**

\_\_\_\_\_ **Certificate of Reciprocity:** Enclosed is a copy of your card/certificate from a Texas Department of State Health Services approved Certified Food Manager exam and a copy of your Drivers License or government issued photo ID. You may register your card/certificate up until the expiration date on it. We do not prorata the calendar year.

**Circle one fee:**    \$10 / 1yr    \$20 / 2yrs    \$30 / 3yrs    \$40 / 4yrs    \$50 / 5yrs.

\_\_\_\_\_ **Replacement Copy- \$5:** of current City of Austin Food Manager Certificate.

Please provide a legible copy of Drivers License or government issued photo ID.

Reason for requested copy: \_\_\_\_\_

Cash, Check, Money Order, MasterCard, Visa, & Discovery Card accepted. Checks payable to *Austin/Travis County Health & Human Services or A/TCHHSD*. Mail to: ECHU, Food Manager, PO Box 1088 Austin, Texas 78767. Or fax application & credentials to 978-0322 & pay by phone at 978-0300. **Walk-in Location:** 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance.

All requests for refunds or credit must be in writing. No refunds or credit are given after 6 months from the date of payment.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Print Name**

**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.**