

Office Use Only	_____ Copy	_____ Registration	Amount \$ _____
Date Received _____			
Check # _____	Received By _____	Receipt # _____	
Issue Date _____	FH Reg # _____	Expiration Date _____	



AUSTIN/TRAVIS COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
 ENVIRONMENTAL HEALTH SERVICES DIVISION
 PO BOX 142529 Austin, TX 78714
 Phone (512) 978-0300; Fax (512) 978-0322
<http://www.austintexas.gov/department/food-establishment-requirements>



Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (No Mail Accepted here)

FOOD HANDLER REGISTRATION APPLICATION
(Please Print)

Name: _____
 Last First Middle
 As it appears on the Driver's License or Government issued Photo ID provided to us.

Driver's License or Government Issued Photo ID: _____
 Type of ID ID #

Home Address: _____
 Street Apt #

 City State Zip Code

Mail registration card to: _____
 Street Apt #

 City State Zip Code

Phone Number: _____ **EMAIL:** _____

Date of Birth: _____

Please Check One of the Following:

_____ **Registration Only:** I am certified through an accredited **Texas Department of State Health Services** Food Handler education or training program and need to register with the City of Austin.

Enclosed are the following:

- 1) **\$12.00** to register with the City of Austin **for 2 years**
- 2) A copy of my **Food Handler** of certificate from: _____
- 3) A copy of my current Government issued photo ID

_____ **Lost:** I have lost my Food Handler Registration and need a copy of it.

Enclosed are the following

- 1) **\$14.00** for copy of current City of Austin Food Handler Registration
- 2) A copy of my current Government issued photo ID.

No refunds for any reason after 180 days from receipt of payment.

Cash, Check, Money Order, MasterCard, Visa, Discover, & AMEX Card accepted. **!!PLEASE DO NOT SEND CASH PAYMENT VIA MAIL!!**
 Checks payable to *Austin/Travis County Health & Human Services or A/TCHHSD*. PO Box 142529, Austin, Texas 78714. 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.

Applicant's Signature _____ Print Name _____ Date _____