

<b>Office Use Only</b>	___ Copy	
Date Received _____	___ Registration	Amount \$ _____
Check # _____	Received By _____	Receipt # _____
Issue Date _____	FH Reg # _____	Expiration Date _____



**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  
<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)

<b>Name:</b> _____		
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 #
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**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** 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 ATCHHSD*. P.O. Box 142529, Austin, Texas 78714. Or email application & credentials to EHSD.Service@austintexas.gov & pay by phone at 978-0300. **Walk-in Location:** 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance.

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Applicant's Signature	Print Name	Date
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