Office Use Only

Received/Intake Date: _____/_____/_____ Intake Staff Initials _____ ROW ID _____

Circle Payment: CK CASH CCard

Payment Date: _____/_____/_____ By: _____ CC Type/Ck No: _____ Amt $_____ Receipt #_____

FM Issued: _____/_____/_____ FM Expiration: _____/_____/_____ FM Certificate #: _____

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/business-applications-and-guides

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 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: _____

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

Please Check One of the Following:

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

Circle one fee: **$28** / 1yr **$56** / 2yrs **$84** / 3yrs **$112** / 4yrs **$140** / 5yrs.

_____ **Replacement Copy- $14:** of **current City of Austin Food Manager Certificate**.
Please provide a legible copy of Driver's License or government issued photo ID.
Reason for requested copy: _____

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.* Mail to: 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.

All requests for refunds or credit must be in writing. No refunds for any reason after 180 days from receipt of payment.

_____

Applicant's Signature **Print Name** **Date**

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.