

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/departments/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.