



IRVING

Inspections Department Application for Registered Food Manager

\$30.00 Non-Refundable Application Fee

Last Name: _____

Date of Birth: _____

First Name: _____

Sex: _____ Height: _____

Home Telephone Number: _____

Hair Color/Eye Color: _____

Home Mailing Address: _____

Name of Business: _____

City, State, Zip: _____

Business Address: _____

Job Title: _____

City, State, Zip: _____

Driver's License Number/State: _____

Business Telephone Number: _____

PLEASE CHECK ONE OF THE FOLLOWING: _____NEW (with the City of Irving) or _____RENEWAL

_____ **I have completed a State of Texas (TDH) Certified Food Management program, pursuant to the Texas Health and Safety Code, Chapter 438, Subchapter G., or a state approved equivalent Food Manager certification.** My issued certificate is submitted with this application for verification and copying by the City Irving Inspections Department.

_____ **I have completed the State of Texas (TDH) Certified Food Manager recertification process or a state approved Food Manager recertification.** My issued certificate is submitted with this application for verification and copying by City of Irving Inspections Department.

I understand that after this application has been submitted to the City, the application fee (\$30.00) will not be refunded. I understand certificates must be prominently displayed in public view, and that I must work at the establishment on a regularly scheduled basis to display my certificate. The city registration can be valid for up to five (5) years based on the expiration date of the Food Manager certificate. The Inspections Department must be notified if I wish to transfer registration to another food establishment within the City of Irving.

Please complete and return this application and applicable fee to:

City of Irving
Inspections Department
Food Manager Registration
P. O. Box 152288
Irving, TX 75015-2288

or pay in person:

Inspections Department
825 W. Irving Blvd., 2nd Floor
Irving, TX 75060
(972) 721-2371

SIGNATURE OF APPLICANT

DATE

CERTIFICATION EXPIRATION

FOR OFFICE USE ONLY	
TX Driver's License: _____	Registered Manager Expiration: _____
Food Manager's Permit Number: _____	Receipt Number: _____