IRVING

Public Health and Environmental Services 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 of Public Health and Environmental Services 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 Public Health and Environmental Services 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 Public Health and Environmental Services 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
Public Health & Environmental Services Dept.
Food Manager Registration
P. O. Box 152288
Irving, TX 75015-2288

or pay in person:

Public Health & Environmental Services Department
825 W. Irving Blvd.,3rd Floor
Irving, TX 75060
(972) 721-2346

_____ _____ _____

SIGNATURE OF APPLICANT DATE CERTIFICATION EXPIRATION

FOR OFFICE USE ONLY

TX Driver's License: _____ Registered Manager Expiration: _____

Food Manager's Permit Number: _____ Receipt Number: _____