

**DEPARTMENT OF CODE COMPLIANCE
RESTAURANT AND BAR INSPECTION DIVISION
FOOD SERVICE MANAGER REGISTRATION**

<p style="text-align: center;">FEES</p> <p>Certificate.....\$100.00</p> <p>Total Enclosed \$ _____</p> <p>All Fees are Non-Refundable</p>	<p style="text-align: center;">RETURN ALL APPLICATIONS TO:</p> <p style="text-align: center;">Food Service Manager Registration City of Dallas Department of Code Compliance 7901 Goforth Road Dallas, Texas 75238</p> <p style="text-align: center;">Telephone: (214) 670-8083</p>	<p style="text-align: center;">FOR OFFICE USE ONLY</p> <p>Certificate # _____</p> <p>Card Code _____</p> <p>Date Certified _____</p> <p>Expires _____</p> <p>Eligibility _____</p> <p>Date Typed/Mailed _____</p> <p>Reviewed By _____</p>
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Please Print – All Spaces Must Be Completed

Name _____

Last

First

Initial

Home Address _____

City _____ Zip Code _____ Home Phone _____

Date of Birth _____ Social Security No. _____ / _____ / _____

Drivers License # _____ State _____ Other ID _____

(Photo Copy of Drivers License Required)

Food Establishment to Which Registration Assigned _____

Address _____

Date Employed _____ Applicant's Title _____

***Note All Food Service Manager Registrations will be sent to home address unless otherwise requested.**

Food Service Manager Certification Course or ETS Exam Taken At:

School/Agency _____

Address _____ City _____

Copy of degree or certificate is required. If degree, provide transcript.

First Time Registration? Yes ___ No ___

Re-certification? Yes ___ No ___

I understand that giving false information will be grounds for revocation of this registration certificate. I hereby certify that the above information is true and accurate.

APPLICANT'S SIGNATURE