



CITY OF DALLAS

ENVIRONMENTAL AND HEALTH SERVICES DEPARTMENT
FOOD PROTECTION AND EDUCATION DIVISION
FOOD SERVICE MANAGER REGISTRATION

Table with 3 columns: FEE, RETURN ALL APPLICATION TO: (Food Service Manager Registration details), FOR OFFICE USE ONLY (Certificate #, FA #, INV#, Date Certified, Expires, City of Dallas Issued Date, Date Mailed, Reviewed By, CK#, RPT#, PI#, CI#)

Please Print - All Spaces Must Be Complete

Name Last First Middle Initial

*Home Address

City State Zip Home Phone #

Date of Birth Social Security # / /

Drivers License # State Other I.D.

(Enclosed Photo Copy of Drivers License Required)

First time Registration Yes or No Re-certification Yes or No

Food Establishment to Which Registration Assigned

Address

Work Phone#

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 Exam Taken at

(Name School/ Agency):

(Enclosed Photo Copy of School/State Certificate Required)

All fees associated with this application are non-refundable. A photo copy of a valid I.D. i.e. Drivers License and a copy of the School/ State must be enclosed. I understand that giving false information will be grounds for revocation of certification. I hereby certify that the above information is true and accurate.

APPLICANT'S SIGNATURE

DATE