TEXAS Department of State Health Services

# CERTIFIED FOOD MANAGER CERTIFICATE RENEWAL/REPLACEMENT APPLICATION

Return both the completed application and **non-refundable** fee to:
Texas Department of State Health Services, RLU, P.O. Box 149347, - MC2003,
Austin, TX 78714-9347
Telephone: (512) 834-6727, Fax: (512) 834-6741.
www.dshs.state.tx.us/foodestablishments/cfm.shtm

| Replace / Renewal | |
|---|---|
| BUDGET FUND: | ZZ106 126 |

Failure to provide all required information will delay processing.
Check or Money Order made payable to: TEXAS DEPARTMENT OF STATE HEALTH SERVICES

## Certificate Replacement

**Reason for Application:**

☐ Replacement $15.00

## Certificate Renewal

**Reason for Application:** [Renewal application may be submitted up to 60 days prior to expiration.]

☐ Renewal - $10.00

Please Note: All renewal cards issued from May 6, 2004 to April 24, 2008 must renewed every two (2) years and may be renewed two times only.

**Current Information: Please Print Legibly**

Name: _____ _____ _____
Last First Middle Initial

Mailing Address: _____

City, State, Zip Code: _____ Daytime Telephone: (_____)_____

**Original Test/Certificate Information**: You **MUST** fill in your name and at least one other field below so that your information can be verified for your certificate renewal. Failure to do so will delay processing of your application.

Name on Certificate (Required): _____ _____ _____
Last First Middle Initial

Certificate Number: _____ OR _____
*Certificate Number (11-digits) *Candidate Code (9-digits)

Program/Test Site Name: _____ Test Date: _____

Mailing Address Provided On Test Answer Sheet: _____
City State Zip Code

*The Certificate Number is located on the lower left side of the Certified Food Manager's Certificate.
The Candidate Code is your Social Security Number OR any combination of numbers chosen as an examination identifier, (it is a 9 digit number).
For certificates issued after ***March 1, 2007*** the Candidate Code is the assigned 9-digit number listed on your examination tear off receipt.

**VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. *THIS APPLICATION IS NOT VALID UNLESS SIGNED AND DATED BY THE CERTIFIED FOOD MANAGER*.**

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**Signature of Certified Food Manager** **Date** **Print Name**

Revised 05/21/2008