



TEXAS

Department of State Health Services

<b>Test Site Application</b>	
BUDGET	ZZ106
FUND:	073
LICENSE #:	

**CERTIFIED FOOD MANAGER PROGRAM  
TEST SITE LICENSE APPLICATION**

**(Health and Safety Code (HSC), Chapter 438, Subchapter G)**

Return both the completed application and **non-refundable fee** made payable to the

TEXAS DEPARTMENT OF STATE HEALTH SERVICES at:

Texas Department of State Health Services, P. O. Box 149347, Mail Code 2003, Austin, Texas 78714-9347.

You may visit our website at: <http://www.dshs.state.tx.us/fdlicense/apps.shtm>

Please note that this application is for a TEST SITE. A separate application package is required for Certification and Recertification Programs. Applications may be downloaded at: <http://www.dshs.state.tx.us/fdlicense/apps.shtm>, or contact this office at (512) 834-6727.

Name of Business Applying to Operate Test Site: \_\_\_\_\_

Name of Business Owner (Licensee of Test Site): \_\_\_\_\_

Physical Address of Test Site: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different from Physical Address): \_\_\_\_\_

Telephone # at physical address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Test Site Email Address: \_\_\_\_\_

Test Site Website (URL): \_\_\_\_\_

**Please check the appropriate box: (All Fees are NON-REFUNDABLE)**

- ONE SITE: \$400.00     2 – 10 SITES: \$1000.00     OVER 10 SITES: \$2,000.00     ONLINE: \$2,000.00
- Late Fee - \$100.00

Late fees are assessed to any licensee who files for renewal after the license expiration date, or any returned check received after the expiration date.

**EXAMINATION SECURITY AGREEMENT:** I do hereby agree to maintain in a secure manner all examination booklets and materials received from the Certified Food Manager (CFM) Program and to refrain from discussing, describing or duplicating any items contained therein. I understand and agree to the timely return of all examination booklets and answer sheets issued to me upon request. I further understand that failure to comply with the terms of this agreement may constitute just cause for Test Site review and/or revocation of Test Site license.

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD CHAPTER 438 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

\_\_\_\_\_  
Signature of Test Site Licensee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title

**PURPOSE OF THIS APPLICATION:** Check Appropriate Box

**New:**

**Renewal:** Renewals are valid for two years from the anniversary date. Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.

**Amended:**\* Effective Date: \_\_\_\_\_

Change of Location  Change of Name  Other: \_\_\_\_\_

**Change of Ownership:**\* Effective Date: \_\_\_\_\_

Previous Business Name and License #: \_\_\_\_\_

**Out of Business:** Effective Date: \_\_\_\_\_ (I choose not to renew my Test Site License)

\*A completed application must be submitted with appropriate fees prior to a change of license ownership, site location, or change of name. The effective date of change becomes the new anniversary date.

**TEST SITE INFORMATION:**  Public  Private

**EXAMINATION:** *Only Department Approved Examinations may be utilized.*

State  Online  National (please specify): \_\_\_\_\_

**EXAMINATION SHIPPING:** (if different from mailing address)

(Examinations may only be shipped to individuals with an Examination Security Agreement on file)

Ship To: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**EXAMINATION LOCATION(S):** A list of examination locations may be requested for audit purposes.

**EXAMINATION SECURITY AGREEMENT:** A completed Examination Security Agreement must be submitted for each examination administrator or proctor utilizing the State examination. The licensee Examination Security Agreement is on page 1 of this application.

Examination Administrator/Proctor \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Please submit a list of any additional names along with their Examination Security Agreement.

**The following document(s) MUST be submitted with this application and licensing fee:**  Examination Security Agreement(s)  
The Examination Security Agreements may be duplicated or downloaded at: [www.dshs.state.tx.us/foodestablishments/cfm.shtm](http://www.dshs.state.tx.us/foodestablishments/cfm.shtm)

**ALLOW 4-6 WEEKS PROCESSING TIME  
FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL DELAY ACCREDITATION**



TEXAS

Department of State Health Services

**CERTIFIED FOOD MANAGER PROGRAM  
EXAMINATION SECURITY AGREEMENT**

The Certified Food Manager (CFM) Program or Test Site Licensee must Mail or Fax a completed Examination Security Agreement for each CFM course sponsor, examination administrator or proctor to: Texas Department of State Health Services, Certified Food Manager Program, 1100 W. 49th Street, Mail Code 2003, Austin, TX 78756-3182. Telephone: (512) 834-6727, Fax: (512) 834-6741. Visit our website at: [www.dshs.state.tx.us/foodestablishments/cfm.shtm](http://www.dshs.state.tx.us/foodestablishments/cfm.shtm)

**FAILURE TO PROVIDE ALL REQUIRED DOCUMENTATION WILL DELAY PROCESSING**

**PLEASE PRINT LEGIBLY**

Program or Test Site License Number: \_\_\_\_\_

1. Licensed CFM Program or Test Site: \_\_\_\_\_
2. Program or Test Site Responsibility/Title:
  - Program Sponsor    Examination Administrator    Proctor    Other \_\_\_\_\_
3. Name: \_\_\_\_\_
4. Telephone (Daytime): \_\_\_\_\_
5. Email: \_\_\_\_\_

**EXAMINATION SECURITY AGREEMENT:** I do hereby agree to maintain in a secure manner all examination booklets and materials received from the Certified Food Manager (CFM) Program and to refrain from discussing, describing or duplicating any items contained therein. I understand and agree to the timely return of all examination booklets issued to me upon request. I further understand that failure to comply with the terms of this agreement may constitute just cause for program review and/or revocation of program or test site license.

\_\_\_\_\_  
Signature of Sponsor/Administrator/Proctor: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Program or Test Site Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CFM OFFICE USE ONLY:**

Assigned Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Program Sponsor/Examination Administrator/Proctor