**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, P.O. Box 149347, Mail Code 2003, Austin, TX 78714-9347.   Telephone: (512) 834-6727, Fax: (512) 834-6741.
www.dshs.state.tx.us/foodestablishments/cfm.shtm

Failure to provide all required information will delay processing.
**NON-REFUNDABLE Certificate Fee:  $10.00** Certificate Renewal or Replacement
Check or Money Order made payable to: TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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**Reason for Application:  Check One**

☐  Renewal - 2 Year   Renewal application**s** may be submitted up to 60 days prior to expiration.
☐  Replacement

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**Current Information:  Please Print Legibly**

Name: _____   _____   _____
                          Last                                              First                                       Middle Initial

Mailing Address: _____

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

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**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.

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**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**