

REGULATORY LICENSING UNIT

BOTTLED AND VENDED WATER OPERATOR CERTIFICATE OF COMPETENCY APPLICATION (Health and Safety Code, Chapter 441)

Return both the completed application and fee made payable to the TEXAS DEPARTMENT OF STATE HEALTH SERVICES in the envelope provided or mail to Texas Department of State Health Services, PO Box 149347, Mail Code 2003, Austin, Texas 78714-9347.

You may visit our website at: www.dshs.state.tx.us

H20 Operator

ZZ104

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BUDGET FUND:

LICENSE #:

	Name:					
	Last		First		MI	
	Mailing Address:					
		Street	City	County	State Zip	
	Home Telephone #:			lephone #:		
FEE SCHEDULE						
	Exam and Certification	ate - \$106.00			1	
	Renewal Certificate - \$106.00					
	Examination Re-test Only - \$50.00					
EXAMINATION SITE – Please circle one ONLY on initial application (see information packet for details on locations):						
l	Abilene	Corpus Christi	Houston	San Antonio	!	
l	Arlington	El Paso	Lubbock	Num 1 2222	!	
i	Austin	Harlingen	San Angelo		!	
ı	Other	_	~ ****		·	
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VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I AM NOT I DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD CHAPTER 441 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.						
SAFELL	SHELL CODE, THE ALL EXCEPTIONS OF 25 TAC, CITAL TEX 225, AND NORLE TO ABIDE BY THEM.					
Signatur	e			Date		
Printed 1	Name & Title					

Revised 10/11/06

Questions regarding rules and/or minimum standards should be directed to the Foods Group at (512) 834-6670. For assistance in completing this application, call (512) 834-6626.

Fees are non-refundable.

On initial application, exam must be passed before certificate will be issued.

If the Department has not received an application for renewal within 60 days following the expiration date, the certificate holder shall submit a new application and retake the examination.