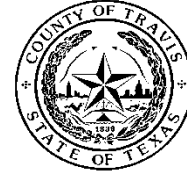


Date Received _____ Amt \$ _____ Check # _____
 Received By _____ Receipt # _____
 Issued Date _____ FH Reg # _____ Expiration Date _____



Austin/Travis County Health & Human Services Department
 Public Health & Community Services Division
 Environmental & Consumer Health Unit
 RBJ Health Center, 4th floor • 15 Waller St, Austin, TX 78702
 Phone (512) 972-5600 Fax (512) 972-5630
http://www.ci.austin.tx.us/health/consumer_health.htm



FOOD HANDLER REGISTRATION RECIPROCITY APPLICATION

(Please Print)

NAME: _____

LAST FIRST MIDDLE

Home Address: _____

STREET APT #

CITY STATE ZIP CODE

Mail registration card to: _____

STREET APT #

CITY STATE ZIP CODE

Phone Number: _____ **EMAIL:** _____

TYPE of PHOTO ID PHOTO ID # DATE OF BIRTH

I have been registered through an accredited **Texas Department of State Health Services** Food Handler education or training program.

Enclosed are:

- 1) A copy of my **Food Handler** card issued by: **SAFE FOOD 4 U in association with Training Now**
- 2) A COPY OF MY CURRENT PHOTO ID
- 3) \$10.00

Please make checks payable to *Austin-Travis County Health and Human Services (ATCHHSD)*. Mail to: Environmental & Consumer Health, Food Handler Registration, RBJ Health Center 4th floor, 15 Waller, Austin, Texas 78702. You may also fax your application and credentials to 972-5630 and pay by phone at 972-5600.

Applicant's Signature Print Name Date