



City of Arlington Certified Food Manager Registration

Registration fee: \$25

For office use only:	
Certificate #	_____
Card Code	_____
Date Certified	_____
Expires	_____
Date Typed/Mailed	_____
Reviewed by	_____

Please print — all information must be completed

Name _____
Last First Initial

Home Address _____

City _____ State _____ Zip _____ Home Phone _____

Date of Birth _____ Social Security No. _____

Drivers License # _____ State _____ Other I.D. _____
(photo copy of drivers license required)

Food Establishment to Which Registration Assigned _____

Address _____ Phone _____

Date of Employment _____ Applicant's Title _____

Certified Food Manager Certificate Course or ETS Exam Taken at:

School/Agency _____

Address _____ City _____
(copy of certificate is required)

First Time Registration? Yes No Re-certification? Yes No

I understand that giving false information will be grounds for revocation of this registration certificate. I hereby certify that the above information is true and accurate.

Applicant's signature Date

Return all applications to:

City of Arlington 63-0700
Community Services Dept.
101 S. Mesquite St., Suite 720
Arlington, TX 76010
817-459-6777