



TEXAS

Department of State Health Services

BUDGET  
FUND:

ZZ106  
126

**CERTIFIED FOOD MANAGER PROGRAM  
CERTIFICATE RENEWAL/REPLACEMENT APPLICATION**

Return both the completed application and fee made payable to the  
TEXAS DEPARTMENT OF STATE HEALTH SERVICES at:

Texas Department of State Health Services, P. O. Box 149200, Austin, Texas 78714-9200.

You may visit our website at: [www.dshs.state.tx.us/foodestablishments/cfm.shtm](http://www.dshs.state.tx.us/foodestablishments/cfm.shtm)

This form **MUST** be completed and returned along with a check or money order for the **non-refundable** fee of **\$10.00** to the Texas Department of State Health Services. A new certificate card will be sent to the address listed below. Telephone: (512) 834-6727, Fax: (512) 834-6741.

**PLEASE TYPE OR PRINT LEGIBLY:**

Reason for application: ☐ 2 Year Certificate Renewal ☐ Certificate Replacement (check one).

Name On  
Certificate:

Last

First

MI

Name Change:

(if applicable) Last

First

MI

Candidate Code (I.D. #):

Mailing Address:

Street

City

State

Zip

Telephone Home:

Area Code

Number

Business:

Area Code

Number

**CERTIFIED FOOD MANAGER PROGRAM OR TEST SITE ATTENDED:**

CFM Program or Test Site Name:

Date of Training or Examination:

Location:

Street

City

State

Zip

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Date

Printed Name