



TEXAS
Health and Human
Services

Texas Department of State
Health Services

**BUSINESS FILING AND VERIFICATION
SECTION
CERTIFIED FOOD MANAGERS PROGRAM
INITIAL / RENEWAL CERTIFICATION
LICENSE APPLICATION**

(Health and Safety Code (HSC), Chapter 438)
Return both the completed application and **non-
refundable check or money order** made
payable to: Texas Department of State Health
Services, RUL, Food & Drug Licensing, MC 2003
P O Box 149347, Austin, Texas 78714-9347.

**CFM CERT
PROG**
2101

Budget:
ZZ106
Fund:
126

LICENSE #:

Please note that this application is for a Certification Program. A separate application package is required for a Test Site. Applications may be downloaded at <http://dshs.texas.gov/food-managers/default.aspx>, or contact this office at (512) 834-6727.

Business applying to operate Program: _____

Name of owner (licensee of Program): _____

Physical address of Program: _____

City, County, State, Zip Code: _____

Mailing address: _____

Telephone number at physical address: _____

Program's Email address: _____

Program's Website (URL): _____

INITIAL / RENEWAL LICENSE

Licensing fee - \$600.00

Late Fee - \$100.00

Late fees are assessed to any licensee who files for renewal after the license expiration date, or any returned check received after the expiration date.

MILITARY PERSONNEL:

Please check this box for a request to expedite this application. Request for expediting an application will be reviewed on a case by case basis **ONLY IF** instructor(s) completing page 4 is Military, retired Military, spouse of Military, or spouse of retired Military.

VERIFICATION: I swear or affirm that all information in this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document on behalf of the corporation and am eligible to receive a license. If signing this as owner of a sole proprietorship, I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. If signing as a sole proprietor, I certify I have filed the assumed name certificate in appropriate counties pursuant to Business and Commerce Code, Chapter 36. I further certify that I have read and understand Chapter 438 of the Health & Safety Code, the applicable provisions of 25 Texas Administrative Code, Chapter 229, and agree to abide by them.

Signature of Licensee

Printed name & title

Date

PURPOSE OF THIS APPLICATION: Check Appropriate Box

Initial Application

Renewal: Renewals are valid for two years from the anniversary date. Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.

Change of Ownership:

Previous owner: _____ Effective Date: _____

Amended: Effective date: _____

Change of Location (previous location): _____

Change of dba name (previous name): _____

Other: _____

Notice that firm is out of business Effective date _____

A completed application must be submitted with appropriate fees prior to a change of license ownership, site location, or change of DBA name.

PROGRAM INFORMATION: Check all that apply

Program: Public Program Private Program
Language: English Spanish Other (specify) _____
Method: Classroom CD Other (specify) _____
Schedule: A schedule of training may be requested for program audit purposes.

EXAMINATION: *Only Department Approved Examinations may be utilized.*

National (please specify): _____

INSTRUCTORS: List the name of each **New & Renewal Instructor(s)** who will teach for the program. Attach a completed Instructor or Instructor Renewal application for each instructor listed below.

Instructor Name	New	Renew
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Please submit a list of additional instructor names along with their Instructor application.

The following documents **MUST** be submitted with the application and licensing fee:

Initial application: Instructor application(s) Program Curriculum (14 hr)

Renewal application: Instructor application(s), new & renewals

Military Personnel: Confirmation of service &

Documentation of comparable training applicable to Instructor

Application(s) new & renewal – see attached pages 1-2.

Instructor and Instructor Renewal applications may be downloaded from the CFM website at: www.dshs.texas.gov/food-managers/default.aspx

Allow 4-6 Weeks Processing Time.

Failure To Provide ALL Required Information Will Delay Accreditation

License Holder Information. Please list the 11 digit State Taxpayers Number on file with the Texas Comptroller of Public Accounts and the 9 digit Federal Employee Identification Number (EIN).

Taxpayer number

EIN number

For the information below, complete the **box** that applies to the ownership of the license.

Sole Owner / Proprietorship

Name

Partnership

LP

LLP

LTD

Name of Partnership

Effective Date

Partner Name

Partner Name

University / College

County / Department

Name

Corporation

LLC

Name of Corporation

Date & Place of Incorporation

President's Name

Officer's Name

Officer's Name



Texas Department of State
Health Services

CERTIFIED FOOD MANAGER PROGRAM
INSTRUCTOR APPLICATION –NEW / RENEWAL

The Certified Food Manager (CFM) **PROGRAM LICENSEE** must Mail or Fax the completed Instructor Application and ALL required documentation to: Food and Drug Licensing Group, MC 2003, Texas Department of State Health Services, PO Box 149347, Austin, TX 78756-3182. Telephone: (512) 834-6727, Fax: (512) 834-6741. Visit our website at: <http://www.dshs.texas.gov/food-managers/default.aspx>

PLEASE TYPE OR PRINT LEGIBLY Program License # _____

Licensed CFM program name _____

Instructor name (Candidate): _____

Telephone number: _____

Email: _____

(NEW) **Complete for a "NEW" license only**

Instructor Training Requirements – Certified Food Manager Certificate

Attach a copy of the current CFM Certificate

Instructor Experience or Education Requirement: **Complete A or B**

A. Graduate/Bachelor/Associate Degree applicant: Attach copy of transcript and diploma. The degree must be in area of Food Safety/Environmental Health or Natural Sciences. **OR**

B. Work experience applicant: Attach copy of work experience

1. 2 years of state or local Health Department Regulatory Food Inspection work

OR

2. 5 years of managerial food establishment work experience 229.172(g)(1)

3. Any Military service experience that is equal to or exceeds items 1 & 2 under B.

REV 4/10/17

RENEWAL

Complete for a "RENEWAL" license only

(verification of training hours must be submitted with application)

Instructor Continuing Education (5 clock hours): List all professional / military methods required for certification.

Course Title

Hours

Date

AFFIDAVIT: I hereby certify that the information given above is true and correct to the best of my knowledge. I understand at the time of audit, verification of documentation shall be provided at the request of the department. I further certify that I have read and understand applicable provisions of 25 Texas Administrative Code, Chapter 229.172 and agree to abide by them.

Signature of Instructor (candidate)

Date

Signature of CFM Program Licensee

Date

FOR CFM OFFICE USE ONLY

NEW:

- CFM work experience transcript degree industry (5 years) diploma
- regulatory (2 years) Military service confirmation Military food service documentation

RENEWAL:

- Continuing Education (5)

Status:

- Approved
- Instructor number: _____ Exp Date: _____

Disapprove

Comments: _____

Initials: _____ **Date:** _____