Budget: ZZ103 Fund: 151

Sanitarian Registration Program

Texas Department of State Health Services Mail Code 2003
P.O. Box 149347
Austin, Texas 78714-9347
(512) 834-4517

REQUEST FOR RETIRED PROFESSIONAL SANITARIAN EXEMPTION FORM

This form and the **$150 fee** must be submitted while you are currently registered as a Professional Sanitarian in Texas. You must be continuously registered for at least 10 years. If your registration will expire within the next 60 days, please be sure to mark the box below in order to expedite this application.

This form and the $150 fee are not required if you meet the requirements in the "Transition" section of the rules 25 TAC §140.112(f). **Please read the rules carefully before submitting this form, because all fees submitted to the Texas Department of State Health Services are non-refundable**.

Sanitarian # _____ Expiration date: _____

Will your registration expire in less than 60 days from the date of this application? ☐ YES ☐ NO

Name: _____

Mailing Address: _____

City/State/ZIP: _____

Is this an address change? ☐ YES ☐ NO

I hereby certify that I have read the rules related to Exemption from Renewal and Continuing Education for Retired Professional Sanitarians at 25 Texas Administrative Code, Chapter 140.112 and that I qualify for this exemption. I understand that this exemption is designed only for retired sanitarians, and that in order to actively practice using the title "Professional Sanitarian", I must re-apply and meet the then-current requirements, including retaking the examination.

_____ _____
Signature Date

Within approximately 30 days of receipt of this application, we will return this form to you with your new registration. Please retain the form so that you will have proof of your right to use the title “Sanitarian" in accordance with this exemption.

---------- Below this line for DSHS use only ----------RS - Retired Form Pub. #F82-12008 ----Revised 12/13

Date Received	Date Approved	Approved by: