



**REGULATORY LICENSING UNIT  
FOOD HANDLER PROGRAM  
MINOR AMENDMENT LICENSE APPLICATION  
(Health and Safety Code (HSC), Chapter 438)**

**CFM-Food Hdlr -2107**

Budget: ZZ106

Fund: 126

LICENSE #:

Return both the completed application and **non-refundable fee** made payable to:  
Texas Department of State Health Services, RLU, Food & Drug Licensing MC-  
2003, P O Box 149347, Austin, Texas 78714-9347.

You may visit our website at: <http://www.dshs.state.tx.us/fdlicense/apps.shtm>

**Please allow 4-6 weeks for processing**

Please note that this application is for a FOOD HANDLER PROGRAM. Contact this office at (512) 834-6727 if you have any questions.

Name Under Which Business is Conducted (DBA): \_\_\_\_\_

Physical Address of Program: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone # at Address: ( \_\_\_\_\_ ) \_\_\_\_\_

**MINOR AMENDMENT**

License Fee - \$300.00

**PROGRAM INFORMATION:** Check All That Apply

**Program:**       Public Program                       Private Program  
**Language:**     English                                       Spanish                       Other (please specify): \_\_\_\_\_  
**Method:**         Classroom                                       Internet

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 I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE. 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 UNDERSTOOD CHAPTER 438 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

\_\_\_\_\_  
Signature of Program Licensee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title

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

Program Curriculum (2 hrs)                       Cover Document

**PURPOSE OF THIS APPLICATION:** Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

**New** - Start Date of Regulated Activity: \_\_\_\_\_

**Change of Ownership (Including legal entity)** [previous owner: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Change of ownership (including change of legal entity) requires submission of a new application and fee as listed on Page 1. The effective date of change becomes the new anniversary date.

**Amended** -  Change of Location [previous location: \_\_\_\_\_] Enter the date the change was effective  
 Change of Name [previous name: \_\_\_\_\_] Date: \_\_\_\_\_  
 Other: \_\_\_\_\_

Any minor amendment including change of name or change in the location of a licensed place of business, requires submission of a new application and fee as listed on Page 1. The current expiration date remains in effect.

**Renewal** - Check all that apply:  
 No change to Food Handler program curriculum and/or documents as approved by the Department.  
 Request for approval of changes. A revised curriculum and/or documents is attached along with Pages 4 – 7 of this application for the Department’s review and approval.

**Notice that firm is out of business.** Date: \_\_\_\_\_  
Sign and date. Return for deletion from our records.

**Not required to license/permit**  
Reason: \_\_\_\_\_

**Website / Internet Address:** http://www. \_\_\_\_\_

**Program’s Email Address:** \_\_\_\_\_

**BILLING INFORMATION** (The license and/or courtesy renewal notice will be sent to the following):

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Name of Application Preparer (Contact Person): \_\_\_\_\_

Telephone Number of Application Preparer (Contact Person): \_\_\_\_\_

Fax Number of Application Preparer (Contact Person): \_\_\_\_\_

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website listed below for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

**ALL THREE PAGES OF THE APPLICATION FORM MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED. Please allow 4-6 weeks for processing.**

Visit our website at: [www.dshs.state.tx.us](http://www.dshs.state.tx.us)

Please address **correspondence only** to:  
Texas Department of State Health Services  
RLU, Food and Drug Licensing Group, MC 2835  
PO Box 149347  
Austin, Texas 78714-9347

**LICENSE HOLDER INFORMATION :** Complete the required ownership information.

Legal name of company must be identical to the name on your State Tax Payer's Identification on file with the Texas Comptroller of Public Accounts.

Legal Name \_\_\_\_\_ Tax Payer ID # or Charter # \_\_\_\_\_ Outlet # \_\_\_\_\_

Mailing Address of Licensed Establishment \_\_\_\_\_ City and State \_\_\_\_\_ Zip \_\_\_\_\_

**SOLE OWNER / PROPRIETORSHIP**

\_\_\_\_\_  
Name

**PARTNERSHIP**       **LP**       **LLP**       **LTD**

Name of Partnership \_\_\_\_\_ Effective Date of Partnership \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

**UNIVERSITY / COLLEGE**       **COUNTY / DEPARTMENT**

\_\_\_\_\_  
Name

**CORPORATION**       **LLC**

Name of Corporation \_\_\_\_\_ Date and Place of Incorporation \_\_\_\_\_

\_\_\_\_\_  
President's Name

\_\_\_\_\_  
Officer's Name

\_\_\_\_\_  
Officer's Name

Name of Registered Agent \_\_\_\_\_ Telephone Number \_\_\_\_\_



Food Handler Program Name (DBA) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

This Cover Document includes each of the major topic areas which must be included in an approved Food Handler Program. These topic areas are taken from the Texas Food Establishment Rules §228 Subchapter B regarding food employee information and knowledge. All program curriculums must meet the training requirement for bare hand contact of ready-to-eat foods. In addition, the cover document outlines certificate requirements, exam or quiz options and instructor information. One program is approved under each application. If the program is translated into other languages or converted to another delivery method (i.e. Internet to Classroom or Classroom to Internet), it must be an exact representation of the approved program, program curriculum and all supporting documentation.

- **License Application:** The license application must be submitted along with *this cover document, course curriculum, sample food handler certificate and fee* for program review and accreditation.

- **Cover Document:**

- **Certificate:** A Food Handler Certificate must incorporate a background or watermark behind student name. In addition, the following program information must be printed on all food handler certificates issued to a student: Food Handler Program Name (DBA), Complete Address, Licensee Name and TXDSHS License Number. This certificate must NOT be incorporated as part of the food handler training material. All TXDSHS licensed programs must store and maintain food handler certificates in a secure manner. The certificate shall be issued **only** upon course completion. Each licensed program is encouraged to initiate guidelines for student verification and certificate tracking.
- **Exam/Quiz:** In the space provided, indicate if the program will require chapter quiz(s) or a final exam.
- **Classroom Instructor:** Instructions must be provided for classroom instructor.
- **Course Curriculum:** In the space provided alongside each topic, indicate the page & paragraph or training slide number where the specific topic area is located within the course curriculum. The curriculum shall include employee knowledge, responsibilities and training as required in the Texas Food Establishment Rules as outlined in §229.172(c). Time limits have NOT been established for each topic area. However, the total course length may not exceed two hours.
- **Language Translations or Program Conversions:** If other languages or method were checked on page 1 of the application (i.e. Internet to Classroom or Classroom to Internet), complete the applicable page 8 or 9. Reminder: [All translations or conversions must be an exact representation of the approved program, program curriculum and all supporting documentation](#)

- **Fees:** All fees are non-refundable.

## FOOD HANDLER PROGRAM COVER DOCUMENT

|   |  |                            |
|---|--|----------------------------|
| <b>CERTIFICATE</b><br>(Please use a ✓ to verify the following information is on the certificate)  | VERIFY   | In Office<br>Use Only<br>✓ |
| Background or Watermark   |  |                            |
| Food Handle Program Name (DBA)  |  |                            |
| DBA Complete Address  |  |                            |
| Licensee Name   |  |                            |
| TXDSSH License Number   |  |                            |
| "SAMPLE" across certificate for Electronic Posting on Website   |  |                            |
| <b>EXAM/QUIZ</b><br>( Please use a ✓ or n/a for the following exam/quiz information)  | VERIFY   | In Office<br>Use Only<br>✓ |
| A final exam WILL be given  |  |                            |
| A final exam WILL NOT be given  |  |                            |
| Chapter/Module Quizzes will be given  |  |                            |
| <b>CLASSROOM INSTRUCTION</b><br>(Please use ✓ or n/a for classroom instructions)  | VERIFY   | In Office<br>Use Only<br>✓ |
| Classroom programs must include instructor directions/notes   |  |                            |
| <b>CLASS</b><br>(Please use ✓ to verify the information is included)  | CURRICULUM<br>(Page and<br>Paragraph or Slide<br>Number) | In Office<br>Use Only<br>✓ |
| <i>How food become unsafe:</i> Definitions <ul style="list-style-type: none"> <li>• Food borne illness</li> <li>• Food borne illness outbreak</li> </ul>  |  |                            |
| Food Safety Is Important: Definitions and Examples <ol style="list-style-type: none"> <li>1. Time/Temperature Control for Safety Foods</li> <li>2. Ready to Eat Foods</li> </ol>  |  |                            |
| 3. Hazards associated with Foodborne Illness: <ul style="list-style-type: none"> <li>○ Biological</li> <li>○ Chemical</li> <li>○ Physical</li> </ul>  |  |                            |
| 4. Foodborne Illness risk factors <ul style="list-style-type: none"> <li>○ Approved Source</li> <li>○ Inadequate Cooking</li> <li>○ Improper Holding</li> <li>○ Contaminated Equipment</li> <li>○ Personal Hygiene</li> </ul> |  |                            |

## FOOD HANDLER PROGRAM COVER DOCUMENT

| <i>Good Personal Hygiene</i>   | CURRICULUM<br>(Page and Paragraph or Slide Number) | In Office Use Only<br>✓ |
|--|--|-------------------------|
| 1. How and When to Wash Hands  |  |                         |
| a. How to Wash   |  |                         |
| b. When to Wash  |  |                         |
| c. Using Hand Antiseptic   |  |                         |
| d. Required Supplies at Handwash Sink  |  |                         |
| e. Where to Wash   |  |                         |
| 2. Using Gloves Correctly  |  |                         |
| 3. Hands and Nails   |  |                         |
| 4. What to Wear (outer clothing, aprons, jewelry)  |  |                         |
| 5. Eating, Drinking, Smoking, Using Tobacco  |  |                         |
| 6. Animal Prohibition  |  |                         |
| 7. Hair Restraint, effectiveness   |  |                         |
| What if you are Sick?  |  |                         |
| 1. Reportable Symptoms: Jaundice, vomiting, diarrhea, sore throat with fever, lesion with pus... |  |                         |
| 2. Reporting   |  |                         |
| 3. Reportable Illness: Big 6   |  |                         |
| 4. Exclusions  |  |                         |
| 5. Restrictions  |  |                         |
| Bare Hand Contact with Ready To Eat Food   |  |                         |
| • Requirements/Special Procedures  |  |                         |
| • Prohibitions (Highly Susceptible Population)   |  |                         |
| • Risks associated with contacting Ready to Eat foods with Bare Hands                            |  |                         |
| <i>Controlling Time and Temperature/Requirements</i>   | CURRICULUM<br>(Page and Paragraph or Slide Number) | In Office Use Only<br>✓ |
| 1. Why is it important   |  |                         |
| 2. Definition and Examples of Time/Temperature Control for Safety Food                           |  |                         |
| 3. Temperature Danger Zone   |  |                         |
| 4. Thermometer use and Calibration   |  |                         |
| 5. Food Receiving  |  |                         |
| 6. Food Storage  |  |                         |
| a. Cold Holding  |  |                         |
| b. Date marking  |  |                         |
| c. First In-First Out  |  |                         |
| 7. Thawing Procedures  |  |                         |
| 8. Prepping Procedures   |  |                         |

## FOOD HANDLER PROGRAM COVER DOCUMENT

|  |  |                         |
|--|--|-------------------------|
| 9. Controlling Time and Temperature <ul style="list-style-type: none"> <li>a. Cooking temperatures: Poultry, seafood, ground meat, roasts, steaks, fruits and vegetables</li> <li>b. Cooking in microwave</li> <li>c. Hot holding</li> <li>d. Cooling process</li> <li>e. Reheating process</li> </ul> |  |                         |
| <i>Preventing Cross Contamination</i>  | CURRICULUM<br>(Page and Paragraph or Slide Number) | In Office Use Only<br>✓ |
| 1. During Storage  |  |                         |
| 2. Prepping  |  |                         |
| 3. Self Service  |  |                         |
| 4. Serving   |  |                         |
| 5. Storing Utensils/Equipment  |  |                         |
| 6. Storing Toxic Items   |  |                         |
| 7. Food Allergens  |  |                         |
| <i>Cleaning and Sanitizing</i>   | CURRICULUM<br>(Page and Paragraph or Slide Number) | In Office Use Only<br>✓ |
| 1. Clean vs Sanitize   |  |                         |
| 2. How to Clean and Sanitize   |  |                         |
| 3. Cleaning in Place   |  |                         |
| 4. When to Clean and Sanitize  |  |                         |
| 5. Sanitizers: <ul style="list-style-type: none"> <li>a. types,</li> <li>b. testing supplies (strips, thermo-labels),</li> <li>c. manufacturer recommendations</li> </ul>  |  |                         |
| 6. Setting up the 3 Compartment sink   |  |                         |
| 7. Using the 3 Compartment sink  |  |                         |
| 8. Using the Dishwasher  |  |                         |
| 9. Maintaining the Dishwasher  |  |                         |
| 10. Pest Control   |  |                         |
|  |  |                         |

**FOOD HANDLER PROGRAM COVER DOCUMENT**  
**For LANGUAGE TRANSLATION**

**Complete only if the approved program is translated into another language.**  
**Please complete and submit for each language translation.**

Food Handler Program Name (DBA): \_\_\_\_\_

Address: \_\_\_\_\_ TXDSSH License #: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please document language translation conducted of your licensed Food Handler Program course curriculum. Submit all supporting documentation, attachments for items 2-4 below and the translated Food Handler Program Course Curriculum.**

1. Please check appropriate box for language translation.

Spanish

Chinese

Korean

Other \_\_\_\_\_

2. Describe the *methodology* used for food handler program language translation. (i.e. resources)

3. Describe the *procedures* used to determine the validity, reliability and equivalency of the language translation. (i.e. 3rd party edit, back translation etc.)

4. List and describe the *qualifications* of consultant(s) used in language translation who are competent in the languages of both the original and translated version.

I SWEAR OR AFFIRM THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT THE SUBMITTED TRANSLATED PROGRAM IS AN EXACT TRANSLATION OF THE LICENSED PROGRAM.

I HAVE ATTACHED THE TRANSLATED FOOD HANDLER PROGRAM COURSE CURRICULUM AND SUPPORTING ANY DOCUMENTATION

\_\_\_\_\_  
Signature of Program Licensee

\_\_\_\_\_  
Date

**FOOD HANDLER PROGRAM COVER DOCUMENT  
FOR PROGRAM CONVERSION**

*Complete only if the approved program is converted into another delivery method.*

Food Handler Program Name (DBA): \_\_\_\_\_

Address: \_\_\_\_\_ TXDSHS License #: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please document language translation conducted of your licensed Food Handler Program course curriculum. Submit all supporting documentation, attachments for items 2-4 below and the translated Food Handler Program Course Curriculum.**

1. Please check appropriate box for program conversion:

Classroom to Internet

Classroom or Internet to DVD

Internet to Classroom

Other: \_\_\_\_\_

2. Describe the *methodology* used for food handler program conversion. (i.e. resources)

3. Describe the *procedures* used to determine the validity, reliability and equivalency of the conversion. (i.e. 3rd party edit etc.)

4. List and describe the *qualifications* of consultant(s) used in conversion who are competent in program or internet design or conversion to DVD. (i.e. illustration/images/storyboards etc.)

I SWEAR OR AFFIRM THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT THE SUBMITTED PROGRAM IS AN EXACT CONVERSION OF THE LICENSED PROGRAM.

I HAVE ATTACHED THE CONVERTED FOOD HANDLER PROGRAM COURSE CURRICULUM AND ANY SUPPORTING DOCUMENTATION.

\_\_\_\_\_  
Signature of Program Licensee

\_\_\_\_\_  
Date