



City of Arlington
**Certified Food Manager
Registration**
Registration fee: \$25

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
Community Development and Planning Department
101 W. Abram Street, Second floor
Arlington TX 76010
817-459-6502