



APPLICATION FOR
FOOD SAFETY MANAGER CERTIFICATION

TOOELE COUNTY HEALTH DEPARTMENT
151 NORTH MAIN STREET
TOOELE, UTAH 84074
Phone (435) 277-2440 · Fax (435) 277-2444

Name of Applicant: _____

Home Address: _____

(Street)

(Mailing - P.O. Box)

(City)

(State)

(Zip)

Telephone Number: _____

Place of Employment: _____

Date of Birth: _____ Weight _____ Height _____ Sex _____

Color of Eyes _____ Color of Hair _____

Have you ever had: Typhoid fever _____ Hepatitis _____ Tuberculosis _____

****READ AND SIGN****

I agree to abide by all local ordinances and laws of the State of Utah governing the service of food and beverage and I understand that failure to do so may result in revocation of my Food Safety Manager Certification.

Signed: _____ Date: _____

Name of Food Service Manager Exam: _____

(Attach a copy indicating passing score)

Date of Passing Score: _____

A Tooele County Health Department certificate will be mailed to the applicant after the following items are received and approved:

- 9 Application 9 Copy of passing exam 9 \$10.00 fee (make checks or money orders payable to Tooele County Health Department)

OFFICE USE ONLY

Receipt Number: _____

Fee Paid: _____

Permit Number: _____

Date: _____

