

# CERTIFIED FOOD SAFETY MANAGER REGISTRATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M/I \_\_\_\_\_

Home Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_

Examination Name \_\_\_\_\_

Date Passed \_\_\_\_\_ ( ) Copy Submitted

Please mail copy of certification and a \$10 check to:

**Davis County Health Department  
Environmental Health Services Division  
P.O. Box 618  
Farmington, UT 84025**

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Receipt \_\_\_\_\_

Expiration Date \_\_\_\_\_

File Update \_\_\_\_\_

Date \_\_\_\_\_

Certificate Issued \_\_\_\_\_

Amount \_\_\_\_\_

Computer Update \_\_\_\_\_