



Certified Food Safety Manager Registration Form

Registration valid for up to 3 years

Food Protection Bureau, Environmental Health Division
385-468-3845; HealthFood@slco.org

Section 1: Applicant Information

Name _____		Today's Date _____	
Home Address _____	City _____	State _____	ZIP Code _____
Date of Birth _____	Home Phone _____	Email _____	

Section 2: Business Information

Restaurant/Business Name _____		Phone Number _____	
Business Address _____	City _____	ZIP Code _____	

Section 3: Training Information

Training Organization _____		Date on Training Certificate _____	
Certificate Number _____		Expiration Date _____	

Applicant Signature _____ Date _____

Attach copy of training certificate. Applications without training certificate will not be processed.

Send completed application and training certificate to:

HealthFood@slco.org

Must be using [Adobe Reader](#) to sign and submit via button.

or

Food Protection Bureau
Environmental Health Division
788 East Woodoak Lane (5380 South)
Murray, Utah 84107

HEALTH DEPARTMENT USE ONLY

Date received _____ Received by _____