



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

1901 S. Alamo San Antonio, TX 78204
Phone (210) 207-8732 Fax (210) 207-6359

FOOD MANAGERS/HANDLERS CERTIFICATION APPLICATION
(Please Print)

Today's Date: _____

Name: _____

Address: _____

City, State: _____ Zip: _____

Telephone # Home: _____ Work: _____

Male/Female: _____ D.O.B: _____

Height Ft. _____ In. _____

I HERBY CERTIFY THAT THE FOREGOING STATEMETNS ARE TRUE AND CORRECT.

Signature of Applicant _____ *Date*

**May be asked to show proof of identification*

For Office Information Only

Amount Paid: <input style="width: 80%;" type="text"/>	
Date Paid: <input style="width: 80%;" type="text"/>	