

**FOOD HANDLER TRANSFER FORM- -PLEASE PRINT CLEARLY!!**

**\*Present copy of the TDSHS accredited certificate. Submit \$15.00 fee.**

*This Permit can not be mailed.*

DATE CERTIFICATE EXPIRES: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

WORK PLACE NAME \_\_\_\_\_

WORK ADDRESS OR CITY \_\_\_\_\_

NAME OF DSHS ACCREDITED COURSE \_\_\_\_\_

DATE PAID \_\_\_\_\_

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