

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 _____