



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 _____