

FOOD HANDLERS CLASS REGISTRATION FORM

ORGANIZATION RECEIVING TRAINING

ADDRESS

ZIP

PHONE

78380

DATE OF CLASS

TIME

INSTRUCTOR

PERMIT #

EXPIRATION DATE

STUDENTS RECEIVING TRAINING: PLEASE PRINT

PLEASE PRINT

1

14

2

15

3

16

4

17

5

18

6

19

7

20

8

21

9

22

10	23
11	24
12	25
13	26

TOTAL NUMBER OF STUDENTS	\$6.00 FEE PER STUDENT= \$
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**I CERTIFY THAT I HAVE TAUGHT A TWO (2) HOUR FOOD HANDLERS CLASS
TO THE ABOVE LISTED STUDENTS**

SIGNATURE

SUBMIT REGISTRATION FORM AND FEE TO: CITY OF ROBSTOWN-HEALTH DEPARTMENT

101 E. Main/P.O. BOX 872

ROBSTOWN, TEXAS 78380 (361)387-4589 ext. 134

PLEASE NOTE: FOOD HANDLER CLASSES ARE AUDITED AT RANDOM BY THE

**HEALTH DEPARTMENT REPRESENTATIVES. CLASS TIME IS REQUIRED TO
BE A MINIMUM OF TWO (2) HOURS. YOUR TEACHING FACILITIES MAY BE
REVOKED FOR FAILURE TO COMPLY WITH ALL REGULATIONS AND
REQUIREMENTS.**