



# 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](mailto:HealthFood@slco.org)

or

Food Protection Bureau  
Environmental Health Division  
788 East Woodoak Lane (5380 South)  
Murray, Utah 84107

### HEALTH DEPARTMENT USE ONLY

Date received \_\_\_\_\_ Received by \_\_\_\_\_