



## UTAH COUNTY HEALTH DEPARTMENT

Joseph K. Miner, M.D., M.S.P.H.  
*Executive Director*

Ralph L. Clegg, E.H.S., M.P.A.  
*Deputy Director*

# REGISTRATION FOR FOOD SAFETY MANAGER'S CERTIFICATE

**\*\*Proof of course completion and \$15.00 must accompany this application\*\***

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address of Employment \_\_\_\_\_

Name of State Approved Exam \_\_\_\_\_

Date of Exam \_\_\_\_\_

I hereby register for a Food Safety Manager's Certification to be issued in accordance with the regulations adopted by the Utah County Health Dept.

\_\_\_\_\_  
Signature of Applicant



## UTAH COUNTY HEALTH DEPARTMENT

Joseph K. Miner, M.D., M.S.P.H.  
*Executive Director*

Ralph L. Clegg, E.H.S., M.P.A.  
*Deputy Director*

MANAGERS.wpd