



City of Brownsville
Department of Public Health
Food Handler/ Manager Certification

Card No. _____

Name/ Nombre: _____

Address/ Direccion: _____

Phone Number/ Numero de Telefono: _____

Email/ Correo Electronico: _____

Work Place/ Lugar de Trabajo: _____

Date of Birth/ Fecha de Nacimiento: _____

*City of Brownsville
City Plaza 2nd Floor
1034 E. Levee, Brownsville, Texas 78520
phone: 956.542.3437 / fax: 956.554-6993*



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