

**Texas Association for School Nutrition**  
**4130 Spicewood Springs Rd. #201 Austin, Texas 78759**  
**Toll: 800-444-5189 Fax: 512-371-0125**

**RE-CERTIFICATION APPLICATION**

**Applicant must be a current TASN member in order to become re-certified. The fee for re-certification is \$20.00.**

<b>INFORMATION:</b>	
Name _____	TASN Membership # _____ Certification # _____
School District _____	Title _____
Address _____	City _____ Zip Code _____
Telephone Home _____	Work _____
Email _____	Fax _____
Last Certification Date _____	
Last Level of Certification _____	Years of Experience _____

**(Must also attach copies of all certificates to this application when submitting to TASN HQ)**

I, the undersigned, verify the accuracy of the information contained in this application. Furthermore, I understand that any certificate issued by TASN which is based upon information found to be false will be revoked and the person to whom the certificate was issued will be subject to denial of any other certificate issued by TASN. I hereby give permission to release information regarding certification records to the authorized representative of the school district where I am employed.

\_\_\_\_\_  
Signature of Applicant Title Date

\_\_\_\_\_  
Signature of School Nutrition Official Title Date

<b>Payment Information: TASN USE ONLY</b>	
Discover____ Visa____ Master Card____ AmEx____	Credit Card/Check # _____
Security Code (On back of card) _____	Expiration Date _____
Total Amount Enclosed/Charged: _____	
Name on Card: _____	Billing Zip Code: _____
Billing Address (if different from above address): _____ _____	