

# *City of Copperas Cove*

*This is to certify that*

*Has successfully completed the City of  
Copperas Cove Food Handler Training  
Program accredited by Texas Department  
of State Health Services*

*SAMPLE*

**Certificate #:**

**Date of Training:**

**Expiration Date:**

**TXDSHS License #:121**

\_\_\_\_\_  
**Instructor**

914 S. Main St, Copperas Cove, TX 76522

(254) 542-8966

[www.ci.copperas-cove.tx.us/](http://www.ci.copperas-cove.tx.us/)

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