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# FOOD CERTIFIED CERTIFICATE

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[Recipient Name]

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Is hereby recognized by Food Certified for completion of the program.

PRESENTED BY:

[Laboratory name(s)]

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ON THIS DATE:

[Click to select a date]

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*Food Certified*

*DBA Licensee Name: Food Certified, 281 CR 5005 Blue Ridge, TX, 75424*

*TXDSHS License Number: 170*

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Food Safety Certificate Watermark