

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

**REQUEST FOR OFFICIAL DETERMINATION ON FOOD REGULATIONS**

PURPOSE: A request for official determination may be requested to assist in clarifying the applicability of a specific food related rule or regulation enforced by the Department to a specific circumstance.

INSTRUCTIONS: This form must be completed in its entirety. Incomplete information will result in a delay in response time. Specific rule/regulation citations are required to be stated.

Return the form by mail, fax, or email to: Foods Group, Request for Official Determination, MC 1987, Texas Department of State Health Services, P. O. Box 149347 Austin, Texas 78714-9347

FAX: 512-834-6681; EMAIL: [Lewis.Ressler@dshs.state.tx.us](mailto:Lewis.Ressler@dshs.state.tx.us) or [Joe.Williams@dshs.state.tx.us](mailto:Joe.Williams@dshs.state.tx.us)

Submitter Name	Company Name
Street Address	Telephone Number
	FAX Number
	Email Address
License Number <i>(if applicable)</i>	Current or Proposed Facility Type

**Description of Request:**

**HAVE YOU OR YOUR FIRM SUBMITTED A REQUEST FOR OFFICIAL DETERMINATION DURING THE PRIOR 12 MONTHS?**

YES       NO

**ATTESTATION OF TRUTH & ACCURACY**

I attest that to the best of my knowledge, all data and information submitted in this request are truthful and accurate, and that no material fact has been knowingly omitted.

Signature of Submitter	Date (mm/dd/yyyy)
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<b>FOR OFFICE USE ONLY</b>	TRACKING NUMBER:	DATE RECEIVED:
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