University of Houston ∠ Clear Lake

DECLARATION OF ACKNOWLEDGEMENT (DOA)

By signing this form I declare I have read, understand, and agree to abide by the Temporary Food Permit Policies and Standard Operating Procedures (SOP), UHCL EHS Document Number F01.

Print Name:	Signature:	Date:
Print Name:	Signature:	Date:
Print Name:	Signature:	Date: