

CERTIFIED FOOD SAFETY MANAGER COURSE APPLICATION

PLEASE PRINT LEGIBLY

First Name: _____ Last Name: _____ MI: _____

***Represents Mandatory fields**

RESCHEDULES MUST BE WITHIN 2 MONTHS

Work Information:

*Establishment Name: _____

*Establishment Address: _____

*Establishment Phone Number: _____

Establishment Email Address (optional): _____

Personal Information:

*Birthdate: _____ (Month/day/year)

*Personal Address: _____

*Personal Phone Number: _____

*Personal Email Address: _____

COST PER CLASS-\$150.00 (ALL FORMS OF PAYMENT ACCEPTED)- CLASS FEE IS NON-REFUNDABLE

☐ New Submission ☐ Reschedule ☐ Retest Test Date/ Month: _____

Book Language: ☐ English ☐ Spanish ☐ Chinese

Test: ☐ English ☐ Spanish ☐ Korean ☐ Chinese ☐ Japanese

☐ French
Canadian

☐ Large
print
(English)

☐ Instructor
exam**

ALL CLASSES MUST BE ATTENDED. SEATING IS LIMITED TO 28.

** Required to become ServSafe Instructor or Proctor