



Exam Return Form

Food Safety Programs

* Areas marked with a star are required.

* Exam Information

Exam date: _____ City/State: _____ Company/Organization _____

* Proctor Information

Proctor name: _____ Proctor number: _____ Phone number: _____

Location information

Store number _____ Choose one: Corporate Franchise

* Exam Inventory

See Back of Page For Booklet Number Entry ** This is REQUIRED***

* Results reporting

* Mail certificates and fail letters to (choose one): Address below Candidates

* Send score reports to (choose one):

Fax to: _____ Email to: _____

Mail to company/organization: _____

ATTN: _____

Address _____

City: _____ State: _____ ZIP: _____

* Payment option (choose one):

Check/money order enclosed ****Personal checks not accepted**** Purchase Order Attached
Only for 10 exams or more

Credit card (Please provide credit card information below)
 MasterCard Visa American Express

Card number: _____ Expiration (MM/YY): _____

Cardholder name (printed): _____ Cardholder signature: _____

By signing, you acknowledge that you are the card holder and authorize Prometric to charge your credit card.

* Please Read and Sign:

This test was administered on the date listed above, at the location listed above, by the Proctor and in accordance with the instructions described in the Policy and Procedures Manual for the Food Safety Program. Fees for any exams submitted that did not adhere to the proctor manual policies and procedures are non refundable.

Print Proctor Name _____

Proctor Signature _____

Date _____

Please Use This Section to Record the Returned Exam Booklets

* Exam Inventory	Quantity	Test Code/Form	Serial Numbers
Exams Received	_____	_____	_____ to _____
	_____	_____	_____ to _____
	_____	_____	_____ to _____
Used Exams	_____	_____	_____ to _____
	_____	_____	_____ to _____
	_____	_____	_____ to _____
	_____	_____	_____ to _____
	_____	_____	_____ to _____
	_____	_____	_____ to _____
	_____	_____	_____ to _____
Unused Exams	_____	_____	_____ to _____
	_____	_____	_____ to _____
	_____	_____	_____ to _____
	_____	_____	_____ to _____
	_____	_____	_____ to _____
Defective exams	_____	_____	_____ to _____
Total Exams returned	_____		_____