



Exam Return Form

**<u>All</u> information on this form is required. Please print all information <u>clearly</u>. This document is double sided. Any incomplete sections may result in a delay in processing.

Proctor Information

Proctor Name:		Proctor Number:		
Proctor Phone Number:		_Proctor Email:		
	Exam Informat	<u>tion</u>		
Exam Date:City,	/State:	_		
Company/Organization Name:				
Results Reporting				
Mail certificates and fail letters to (must choose one):				
• Address Below • Candidates				
Send score reports to (must choose one):				
• Address Below • Email to:				
ATTN (person/business name):				
Address:			,	
City:Stat				



Payment Form	
*Proctor Name:	<u></u>
*Proctor Number:	
Credit Card Type (Check One)	
☐ MasterCard ☐ Visa ☐ American Express	
Card Number	Expiration Date
Amount	C/C Security Code
\$	
Name of Cardholder (Print)	
Signature of Cardholder	
*By signing, you acknowledge that you are the card holder and authorize F	Prometric to charge your credit card.
Certified Check or Money Order Payments	
☐ Check ** *Personal Checks Not Accepted** ☐ MoneyOrder	
Check/Money Order Number (one number or letter in each box):	

Please mail completed forms, all supporting documentation and fees to:

Prometric ATTN: Food Safety Programs 7941 Corporate Drive Nottingham, MD 21236





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 nonrefundable.

Print Name:		-
Signature :	Date:	
Exam Inventory ***Required***		
Quantity	Test Code/Form	Serial Numbers
Exams Received		to
		to
		to
		to
Used Exams	=	to
		to
	 =	to
_		to
_		to
_		to
Unused Exams		to
		to
		to
	_	to
Defective exams		to