ServSafe: Food Safety Program
REFRESHER Course Registration Form

Date: ______________________

Establishment Name: ____________________________________________
Establishment Street Address: _______________________________________
City: ___________________________ State: _______ Zip: ____________

APPLICANT INFORMATION

Last Name: ______________________________________________________
First Name: ______________________________________________________
E-Mail Address: ___________________________________________________
Home Street Address: _____________________________________________
City: ___________________________ State: _______ Zip: ____________
Mailing Address (if different): _______________________________________
Home Telephone #: __________________ Business Telephone #: __________

Refresher Course: ServSafe: Food Safety Program
Course Date & Time: Monday, March 30, 2020, from 10:30 AM – 4:30 PM

I acknowledge that this refresher course is for educational purposes and that there is no guarantee from NCDHD that I will pass the examination after taking the refresher course. Responsibility for studying and passing the exam is my own.

Date: ___________________________ Signature: ______________________

Fee: ___________________________ Paid: ____________________________
$125.00 per person (Make check payable to: “NCDHD”)

Rev 4/12/2019

* SERVING: EAST WINDSOR * ELLINGTON * ENFIELD * STAFFORD * SUFFIELD * VERNON * WINDHAM * WINDSOR LOCKS