ServSafe: Food Safety Program
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 #: ____________________

Course: ServSafe: Food Safety Program
Course Date & Time: Wednesday, March 25, 2020, from 1:30 PM – 8:30 PM

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

Date: ____________________ Signature: ____________________

Fee: $165.00 per person Paid: ____________________
(Make check payable to: “NCDHD”)

Rev 4/12/2019