



National Registry of Food Safety Professionals

Enclose the following:

1. Completed Answer Sheets (in Alphabetical Order)
2. Completed Test Administrator / Proctor Report Form
3. Used Reader or Translator Forms
4. Incident Report Form
5. Completed Examinee Comment Form

FULL CLASS RESULTS ONLY (NO CERTIFICATE):

Fax to Test Administrator / Proctor Fax: _____

Email results to: _____

Mail via Priority Mail to Test Administrator / Proctor (address on file)

All class results will be sent.

Notify Department of Health for the Following States:

COMPLETE THE FOLLOWING:

Company Name _____

Exam Administrator Name _____

Test Administrator / Proctor _____

Test Administrator / Proctor Code _____ Exam Date _____

Trainer Name _____ Trainer Code _____

Exam Site _____ Phone: _____

RETURN CERTIFICATE / FAIL NOTICE ONLY:

Mail to each examinee as addressed on answer sheet.

-OR-

Mail to the Test Administrator / Proctor

(address on file) with class results.

Please follow special instructions below:

For Registry Use Only

Order ID _____ Batch # _____ Used # _____ Unused # _____ Box # _____

Date Received _____ By _____ Date Scanned _____ By _____ Date Processed _____ By _____

Date Cert. Out _____ By _____ Cert. Audit by _____ Voucher Qty _____

Note _____

