ServSafe Enrollment Form

Today's Date:						
Name (Print):						
Mailing Address:						
City:						
Home Phone:			Cell Phone:			
E-mail:						
Business Address	s:					
City:			State:	Zip Co	de:	
Business Phone N	Number:					
Where do you wa						
Have you taken S	ervSafe before?	First	Time	_ Recertifying _	Retesting	
Large-print exam	needed?	_Yes	No			
Please return this (check or money	• •			•	r registration fee of \$125 ative Extension.	
Hand Deliver to:						
Cooperative Exter O. P. Owens Agrid 455 Caton Road Lumberton, NC 28	culture Center					
harassment regardless o sex (including pregnancy	N.C. A&T State University f age, color, disability, fami), sexual orientation, and ve	ly and marital status eteran status. NC Sta	mitted to positive ac , gender identity, ge ate, N.C. A&T, U.S.	netic information, national Department of Agriculture	ortunity and prohibit discrimination and I origin, political beliefs, race, religion, , and local governments cooperating.	
		Offic	ce Use Only			
Amount Paid	id Date Paid			Check/Money Order #		
Rec #	Collected by		Adm	in Rec #	Acct Health Ed	