

CERTIFIED FOOD MANAGER RE-CERTIFICATION REGISTRATION

Wayne County Environmental Health
Environmental Health Section
5454 S. Venoy
Wayne MI 48184
(734-727-7400)

CLASS DATE _____

PLEASE PRINT

Food Establishment _____

Address _____

City _____ Zip _____ Phone _____

STUDENT INFORMATION

(Certificates will be sent to the address below unless otherwise indicated.)

- Male
 Female

Last Name _____ First Name _____

Middle Initial _____ Home Address _____ City _____

Zip Code _____ Cell Phone _____ Home Phone _____

Number of hours worked per week in this establishment only _____

- Student Received Textbook Mailed Textbook

Circle which language you prefer for your exam: English, Spanish, Arabic, Vietnamese, Korean, Japanese, French, or Chinese (traditional or modern).

Signature _____ Date _____

NOTE: In the event of a restaurant closure or new owner takeover, Food Course Fees are non-refundable after 90 days or if classes are attended and a class book is received.

FOR OFFICE USE ONLY

Date _____ Receipt # _____ Check # _____ M.O. # _____ Amount Pd. _____

Original Certificate # _____ Date Originally Certified _____

Student Score _____ Date _____ Certificate # _____ Date Certificate Sent _____