

Wayne County Health Department
ENVIRONMENTAL HEALTH DIVISION
5454 S. Venoy, Wayne, MI 48184
(734) 727-7400

FOR DEPARTMENT USE ONLY

Test #1 Retest Retest

FOOD SERVICE MANAGER REGISTRATION

NRAEF _____

DATE _____

PREFERRED CLASS # _____

CERTIFICATE # _____

BEGINNING DATE _____

DATE CERTIFICATE SENT _____

PLEASE PRINT

Food Establishment _____ Phone _____

Address _____ City _____ Zip _____

PERSON DESIGNATED AS FOOD SERVICE MANAGER
(Certificates will be sent to the address below unless otherwise indicated)

Mr.

Ms.

Cell Phone _____

Name _____ Home Phone _____
 LAST FIRST MIDDLE

Home Address _____ City _____ Zip _____

Circle which language you prefer for exam: English, Spanish, Korean, Chinese, French Canadian, or Japanese.

Number of hours worked per week in this establishment only _____

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 _____ Cash/Receipt# _____ Check# _____ M.O.# _____ Amount\$ _____