



# FOOD SAFETY CERTIFICATIONS, LLC

Florida Required Food Manager and Food Service Employee Training, Certification and Supplies

3223 S. Atlantic Ave

(321) 799-4971

Unit 405

**NationalFoodManager.com**

Cocoa Beach, FL 32931

1-800-874-1009

Prometric, National Registry of Food Safety Professionals, ServSafe

## FOOD MANAGER CARD REPRINT REQUEST AND RECORD UPDATE

Reason for Reprint request:

- Lost Card
- Name Correction (documentation required)
- Address Correction
- Name Change due to Marriage (documentation required)
- Starbucks
- Other
- Address Correction only (no certificate will be sent and there is no charge)

Please print neatly

Approximate Test Date:

Certificate #

CURRENT RECORD:

Last Name:

First Name:

Middle Initial:

- Residential Address
- Business Address (provide name of business)

Street Address/PO Box

City/State

Zip

Telephone:

E-Mail:

CHANGE RECORD TO:

Last Name:

First Name:

- Residential Address
- Business Address (provide name of business)

Street Address/PO Box

City/State

Zip

Telephone:

E-Mail:

In most cases your inspector will ask to see the actual certificate. However, if you only require email verification, please do not include payment information. If you DO require a reprint, please provide payment details below. Charge for researching, reprinting and shipping is \$36.00 • Request will be processed 2-3 weeks once payment is received. Complete ALL information

- Missing information may result in a processing delay

\*\*\* Scan and E-Mail, [CustomerService@NationalFoodManager.com](mailto:CustomerService@NationalFoodManager.com) or Fax to 1.321.799.4997 \*\*\*

Please mail your check or money order to: Food Safety Certifications, 3223 S Atlantic Ave #405, Cocoa Beach, FL 32931

Method of Payment:  Check  Credit Card

- VISA
  - MC
  - AMEX
  - Discover
- Name on Card:

Card #

Exp. Date:

Sec. Code

Cardholder Signature:

Date:

Billing Address:

City/State:

Zip:

Telephone:

**\*\*Identity Disclaimer – I certify that all the information contained on this form is true and accurate to the best of my knowledge and that I am requesting this reprint of my Food Safety Manager Certification for myself**

(Signature required) \_\_\_\_\_

FOOD SAFETY CERTIFICATIONS USE ONLY

Req Rec'd:

Processed by/date:

Shipped:

Payment Type:

Check

CC - approval #