



## Student Registration

Class Date: \_\_\_\_\_ Class City: \_\_\_\_\_

Class Type:           **Initial**                   **Recertification**                   **Test only (or retest)**

Student Name: \_\_\_\_\_

Position at Work: \_\_\_\_\_

Email address: \_\_\_\_\_

*Please check this box if you prefer not to receive monthly class updates by email from FoodSafetyGuy. You will still receive an email reminder when it is time to renew your certification.*

### HOME ADDRESS

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### BUSINESS ADDRESS

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of units in business: \_\_\_\_\_

### CONTACT ME ABOUT

Staff Training

Site Visit

Health Inspection Issues

Private Class

Church Volunteer Training

Allergen Management

**Thank you for selecting FoodSafetyGuy/LAJ Consulting for your certification needs!**