

Reprint Request & Record Update

Reason form reprint request (check appropriate area):

- Lost card
- Name correction
- Address correction
- Name change due to marriage (documentation required)
- Other _____

Address correction only (**no certificate will be sent and there is no charge**)

Please complete as much information as possible. Print as neatly as possible.

Approximate test Date		
Administrator Name		
Test Location		
	Current record	Change to
Last Name		
First Name/ Middle Initial		
Social Security Number		
Street Address or PO Box		
City		
State		
Zip		
Phone w/ area code		

- To research your record and reprint your certificate and wallet card, a \$10.00 charge will apply to cover the costs of researching, reprinting, and shipping.
- If our research indicates that you did not take the exam with us or the error was on our part, we will not process your payment.
- We will process your request once payment is received.
- Please allow 4-6 weeks for processing

\$10.00 check enclosed **-OR-** I authorize a \$10.00 charge on my credit card as listed below.

Visa MasterCard AMEX Card # _____

Print your name as it appears on card: _____

Expires: _____ Signature: _____

National Registry of Food Safety Professionals
 5728 Major Blvd, Suite 750
 Orlando, FL 32819
 Fax : 407-352-3603 Phone: 1-800-446-0257

For Registry Use ONLY			
Received: _____	Processed: _____	Payment: _____	Shipped: _____