

ServSafe® Examination Request Form & Agreement

	I (Proctor name printed) acknowledge that I have read, understand, and have been trained to follow the examination policies and procedures in the National Restaurant Association Exam Administration Handbook. I will be accountable for performing within these guidelines. I understand that Exam request forms will not be processed without both pages of this document signed and completed.
	I will comply with procedures for handling any breaches of security that might occur and will not reveal the content of the examination, answers to examination questions, or administer the examination to anyone with a conflict of interest.
l ha	ave confirmed that the Physical Exam Facility meets the following minimum requirements:
	Permits all examinees to perform to their highest level of ability.
	Adheres to fire, safety, building (including codes regarding smoking), and occupancy in the local jurisdiction.
	Meets all state and/or local regulatory requirements for exam administration.
	Offers adequate lighting, heating, cooling, ventilation, writing surfaces, and seating.
	Acoustics allow examinees to hear instructions.
	Allows efficient spacing between each examinee in actual testing area, or other appropriate and effective methods to prevent any examinee from viewing another's responses.
	Offers ability to monitor the examinees and the Exam Booklets at all times.
	Accessible for examinees with disabilities (e.g., wheelchair accessibility).
	Location is private to Proctor and examinees only during Exam administration.
	Online Exam Only: A computer with Internet access, mouse and keyboard is available for each examinee. Not required but recommended is a printer connection for providing printed pass/fail information upon exam completion.
The exa	nderstand if my location does not meet any of these standards that I should not administer the exam at this locale. e Association reserves the right to require documentation of the exam location (i.e. digital photograph) before or after am administration. I understand that answer sheets may not be processed (or initial requests approved) if I'm unable provide documentation. I understand the Association conducts announced and unannounced audits of ServSafe exam ministrations. Any allegation or violation of any guidelines in the Exam Administration Handbook can lead to investigation, spension and/or revocation of Instructor/Proctor status or Examinee results/certification.
Sign	nature of Proctor Date





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The most current version of this Form is available at www.ServSafe.com.

Please verify you are using the current Request Form prior to submitting your request. Last revised, February 2010.

PLEASE PRINT CLEARLY

- To order Examinations, you must be a Registered Instructor or Proctor. Please fax your request toll-free to 866.665.9570 (312.583.9853 local direct fax number), then call the National Restaurant Association Service Center at 800.765.2122 (312.715.1010) ext. 6703, to verify that it has been received. Please do not mail your request after faxing it!
- Examinations may be ordered through www.ServSafe.com up to four business days prior to Examination Date by going to the Instructor Resource Center, then clicking "Order Print-Based Exam." A User ID and Password are required.
- The Instructor Resource Center contains all forms and applications needed.

Section 1-Class Information

Date Request Sent to the Association	Organization	Name	(If franchisee,	provide parent company)		
Organization Address						
Exam Date/Time			Location of Exam	ination Administration Site	(e.g., State, Province, or Country)	
Proctor Name and Identification Number	per (Required Field)		Contact Name (if	different from Instructor/Pr	octor)	
Email			Email			
Work Telephone	Fax		Work Telephone		Fax	
Home Telephone			Home Telephone			
Section 2—Mailing Address	and Person for	Examinations	Mailing Addr	ess and Person for	Certificates	
Name			Name			
Mailing Address (no P.O. boxes, APO,	AE, etc.)/Suite #		Mailing Address			
City/State/ZIP			City/State/ZIP			
Telephone			Telephone			
Section 3—Shipping Informa	ation					
Shipping is free when Examina		ed nine business	days or earlier	to the exam date. An	v orders placed eight	
business days or less of the e			•			
a signature is required for deli						
Orders shipped UPS Next Day	•	•	•	-	,	
	,	,				
Credit Card Number		Security Code	Type of Credi	t Card	Exp. Date	
Name on Credit Card (please print)			Cardholder's	Cardholder's Signature		
Section 4—Examination Re	equest					
Please indicate the language a	-	ervSafe Examir	nations you nee	ed (foreign language e	examinations are bilingual):	
English	Spanish	к	orean	Chinese	_	
Instructor	Japanese	La	arge Print	French Canadia	an	

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Reminder: Examination Answer Sheets do not accompany the Exam Booklets. Examination Answer Sheets or textbooks with Examination Answer Sheets must be purchased prior to testing by contacting the Association's

Service Center at 800.765.2122, ext. 6703. All examinees must have Examination Answer Sheets.