



National Registry of Food Safety Professionals

Enclose the following:

1. Completed Answer Sheets (in Alphabetical Order)
2. Completed Test Administrator Report Form
3. Used Proctor, Reader or Translator Forms
4. Incident Report Form
5. Completed Candidate Comment Forms

Complete the Following:

Test Administrator Name _____

Administrator Code _____ Exam Date _____

Exam Site _____

Phone Number _____

Fax _____

Preference for Full Class Results:

Fax to administrator.

Email to: _____

Mail via Priority Mail to administrator (address on file).
All class results will be sent.

Notify Department of Health for the Following States:

Preference for Returning Individual Results:

Mail to each candidate as addressed on answer sheets.

-OR-

Mail to the administrator (address on file) with class results.

Please follow special instructions below:

For Registry Use Only

Order ID _____

Date Returned _____ By _____ Date Processed _____ By _____ Date Out _____ By _____

File _____ Count _____

Notes _____