ACF Certification Practical Test Site Application

General Information

The information given below will be used for all related correspondence and publicizing of the practical examination. All phone numbers and contact information listed will be made available to the public (*National Culinary Review*, ACF website, etc.)

Chapter/Host Site: _____
Mailing Address _____
City/State _____Zip _____
Phone ( ) _____ Fax ( ) _____
Email: _____ Website: _____
Chapter President/Host Site Director Name: _____
Phone: ( ) _____ Email address: _____

Test Administrator Information

Name:_____Certification Level_____ Number _____
Address _____
City/State/ZIP_____
Phone ( ) _____ Fax ( ) _____
Email: _____ Certification Level _____

Acknowledgement:

To the best of my knowledge, all of the information in this application is true and accurate. Our chapter/site agrees to meet all financial obligations related to this event and to administer the ACF certification practical examinations in accordance with the guidelines specified in the ACF Certification Practical Testing Guide. The test administrator agrees to submit a Request to Schedule an Exam at least 8 weeks prior to administering a practical exam.

_____ _____
Signature of test administrator Date

_____ _____
Signature of chapter president/host director Date

Mail or Fax Application to:

American Culinary Federation, 180 Center Place Way, St. Augustine, FL 32095
Fax Number: 1-904-825-4758

For ACF National Office Use Only
_____ Approved _____ Not Approved
Reviewed By: _____
Date: _____
Notes/Comments: _____