

Step 2: Final PCC™ Application
(Written and Practical Exam Documentation)
Personal Certified Chef™



Return this cover sheet and appropriate documentation

E-mail (preferred): certify@acfchefs.net

Fax: (904) 940-0742

Mail: American Culinary Federation, Inc.
Attn: Certification Department
180 Center Place Way
St. Augustine, FL 32095

PERSONAL INFORMATION

First Name: _____ MI: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ ACF #: _____

Name (as it should appear on certificate): _____

TEST REQUIREMENTS

	Location	Date	Score Sheet Included
1. Written Exam <i>(Score valid for 2 years)</i>	_____	_____	<input type="checkbox"/>
	Location	Date	Score Sheet Included
2. Practical Exam <i>(Score valid for 1 year)</i>	_____	_____	<input type="checkbox"/>

Exempt from taking Practical Exam if awarded a Gold or Silver Medal in either an ACF F-1 or F-5 Individual Competition or WACS Hot Food Competition within the past 5 years. Documentation required.

PAYMENT INFORMATION

\$60.00 ACF Member \$160.00 Non-Member

I have enclosed a check made payable to the American Culinary Federation (ACF).

Please bill my: Visa MasterCard Amex Discover

Account Number: _____ Exp. Date: _____ Amount: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Name on Account: _____ Signature: _____

CERTIFICATION AGREEMENT

With this application, I verify the information provided is truthful and accurate. I grant the ACF permission to investigate employment and education, and I release from liability all persons and companies supplying such information. I agree to adhere to the ACF Certification Code of Ethics, Designation Usage and policies of the certification program and agree to accept the ACF Certification Commission's determination on all certification decisions. Certification is awarded for five years and recertification is required to maintain certification designation. I acknowledge that false statements or misrepresentation may result in the revocation of this application and/or approved certification. I agree to allow ACF to share my certification accomplishment in ACF communications and with local newspapers and industry publications.

Check this box if you do **not** want your certification accomplishments included in ACF communications or shared with media.

Signature

Date

Retention Policy: Certification documents will be retained for seven years after certification expiration.