



APPROVED CERTIFICATION EVALUATOR (ACE) APPLICATION

ACF Membership # _____

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Fax: _____

E-mail: _____

ACF Certification Levels/Expiration Dates: _____

Have you taken a practical exam? Yes ____ Date: _____ No ____

No, but I met the following exemption:

Competition Experience: ACF and/or WACS silver or higher medals won in one of the following individual categories: F-1, F-4, F-5, G, P-1, or P-2 in the past five years.

<u>Medal Type</u>	<u>Competition</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____

Culinary Instructor for 5 or more years

ACF approved competition judge

CMC[®]/CMPC[®]

Have you attended the required ACE Training? Yes ____ No ____

Date: ____ Location: _____

I hereby apply for approval as an ACF Approved Certification Evaluator. I understand it is my responsibility to complete all requirements within two (2) years of application date. By signing below I agree to abide by the Certification Code of Ethics and I approve my contact information to be used on the ACF website as an approved evaluator.

Applicant's Signature: _____ Date: _____

American Culinary Federation 180 Center Place Way St. Augustine, FL 32095 Fax: (904) 940-0742