



ACF Certification Practical Test Site Application

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.)

Sponsoring Chapter/Host Site _____
Chapter President or Host Site Director _____
Phone () _____ Email _____

Test Site Name _____
Physical Address _____
City/State _____ Zip _____
Phone () _____ Fax () _____
Email: _____ Website: _____

Test Administrator Information *(contact information will be posted on website)*

Name _____ Certification Level _____ ACF# _____
Address _____
City/State/ZIP _____
Phone () _____ Fax () _____
Email _____

Acknowledgement:

To the best of my knowledge, all of the information in this application is true and accurate. Our chapter/test 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 Practical Exam Administrator 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