



# Certified Food Safety Manager Registration Form

Division of Environmental Health  
 Department of Restaurants & Hotels  
 445 Winn Way, Suite 320  
 Decatur, GA 30031  
 Phone: (404) 508-7900 Fax: (404)508-7979  
[www.dekalbhealth.net](http://www.dekalbhealth.net)

ATTENDEE INFORMATION			
NAME:	TITLE:	PHONE NUMBER: ( )	
ADDRESS:	CITY	STATE	ZIP
FOOD SERVICE ESTABLISHMENT INFORMATION			
ESTABLISHMENT NAME:	ESTABLISHMENT PHONE NUMBER: ( )		
ADDRESS:	CITY	STATE	ZIP
CLASS INFORMATION			
REGISTRATION DATE:	PREFERRED EXAM LANGUAGE:		
PAYMENT INFORMATION			
CHECK/MONEY ORDER: _____ (Make checks payable to DeKalb County E. H. for \$150 per person)			
Visa ____    Master Card ____    Discover ____    AMX ____ Credit card #: _____    Expiration date: _____ Name on Card: _____ Signature: _____			
FOR OFFICE USE ONLY			
BOOK ISSUED ____ YES ____ NO	DATE RECEIVED:		
DATE BOOK MAILED: _____	RECEIVED BY:		
CERTIFIED MAIL # : _____			

## National Registry of Food Safety Professionals

Exams offered in the following languages: English, Spanish, Korean, Vietnamese, Chinese, Arabic, Japanese and French

## ServSafe (National Restaurant Association Educational Foundation)

Exams offered in the following languages: English, Spanish, Korean, Chinese, Japanese, and French-Canadian