



Food Worker Card PROCESSING FORM

Effective July 31, 2008

Date Mailed:		Trainer ID #	
Company Name:			
Trainer's Name:		Send To Attention Of:	
Name of Business and Address to Send Cards:			
City:	State:	Zip:	
Phone ()		Fax ()	
Number in Class		Class Date	

Please Print Names of all applicants to ensure accurate processing (list on back if needed):

Print Name	Retest?	Print Name	Retest?

Quantity	Item	Member Price	Non-Member Price	Total Price
	Test Correction and Permit Processing	\$ 10.00	\$ 10.00	
	Re-Test Correction	\$ N/C	\$ N/C	
TOTAL ENCLOSED				\$

Check Enclosed (payable to WRA Education Foundation) **or** Purchase Order #: _____
(Schools Only)

VISA Mastercard AMEX Discover
 *CVV # _____ *CVC # _____ *CID# _____ *CID # _____
(*CVV and CVC #'s are the 3 digit code on back of your credit card, CID #'s are 4 digits on the front of your credit card, please call with questions.)

Credit Card # _____ Expiration Date: ____ / ____

Billing address: _____
(Address where credit card statement is sent)

Print Name as it appears on card: _____

Signature: _____

Return with tests to:
 Washington Restaurant Association Education Foundation
 510 Plum Street SE, Suite 200 • Olympia, WA 98501-1587
 877.695.WREF (9733)