



**MAST**  
(Mandatory Alcohol Server Training)  
**PERMIT PROCESSING FORM**

Class Date: \_\_\_\_\_ WRA Member #: \_\_\_\_\_  
(Must write in to get member prices)

Trainer Name: \_\_\_\_\_ Training Location: \_\_\_\_\_

Trainer's Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Address to Mail Permits: \_\_\_\_\_  
\_\_\_\_\_

Trainer Phone #: \_\_\_\_\_ Trainer Fax #: \_\_\_\_\_

**NOTE: This form MUST be submitted along with completed Scantrons for processing. Applicant names must be legible and all information must be complete on test forms. Please print names of all applicants to ensure accurate processing (use back of form if needed). Processing may be delayed without this information.**

| Print Name | Retest? | Print Name | Retest? |
|------------|---------|------------|---------|
|            |         |            |         |
|            |         |            |         |
|            |         |            |         |
|            |         |            |         |
|            |         |            |         |
|            |         |            |         |
|            |         |            |         |

| Qty                   | Item   | Member Price | Non-member Price | Total Price |
|-----------------------|--|--------------|------------------|-------------|
|                       | Class 12 Test Correction & Permit Processing | \$10 each    | \$20 each        |             |
|                       | Reissue / Replacement                        | \$10 each    | \$10 each        |             |
|                       | Class 12 Test Re-takes or Class 13 Upgrades  | No Charge    | No Charge        |             |
| <b>TOTAL ENCLOSED</b> |  |              |                  |             |

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)