

Canadian Food Safety Group

Certificate & Research Request Form

For CFSG Admin Use Only

Received: _____
Processed: _____
Payment: _____
Shipped: _____
Invoice: _____
Call: _____
Call: _____
Call: _____
Call: _____

Reason for reprint request (check appropriate area):

- _____ Lost card/certificate (\$25.00)
_____ Name correction (\$25.00 if your form was illegible, no charge if our error)
_____ Address correction (\$25.00 if your form was illegible, no charge if our error)
_____ Name change due to marriage (documentation required) (\$25.00)
_____ Other _____ (we will notify you of the fee)
_____ Exam Score Summary (\$25.00)
_____ Address correction only (no certificate will be sent) (\$15.00)
_____ Research Request (\$25.00 per hour), minimum 1 hour (detail your request) _____
_____ Confirmation Letter – successful completion of course (\$25.00)

Please complete as much information as possible. Print clearly.

Course Name (circle one):

SafeCheck™, TAP, ADVANCED.fst, ServSafe, Other _____

Approximate Course/Exam Date: _____ **Administrator Name:** _____

Course Location: _____ **Certificate # (if you know it):** _____

Your Last Name: _____ **Your First Name/ Middle Initial:** _____

Company You Work/Worked For: _____

Your Street Address: _____ **City:** _____ **Province:** _____

Postal Code: _____ **Phone w/ Area Code:** _____ **E-Mail:** _____

- ✓ To research your record and reprint your certificate and/or wallet card, a \$25.00 charge will apply.
- ✓ A minimum shipping & handling charge of \$3.85 will apply to all mailed items. GST will be added where applicable.
- ✓ A minimum \$25.00 charge will apply for all research or reprint requests
- ✓ If an error was made on our part no charge will apply.
- ✓ We will process your request once payment is received. Form must be signed.
- ✓ Please allow 4-6 weeks for processing.

office use only

Date: _____

Total: \$ _____

Auth#: _____

*** select payment method ***



Card Holder Name:(exactly as it appears on card) _____

Card Number: _____

Expiry (MM/YY) ____ / ____ **Last 3 digits on Back of Card** ____

Read and sign.

I authorize the use of my bank card for payment of the fee(s) + applicable taxes to Canadian Food Safety Consulting Group Ltd.

I also agree to pay the total amount of the charge to the card issuer according to the cardholder agreement.

Signature of Card Holder: _____ **Date:** _____