

## ServSafe® Examination Request Form & Agreement

	I (proctor name printed) acknowledge that I have read, understand, and have been trained to follow the examination policies and procedures in the National Restaurant Association Exam Administration Handbook. I will be accountable for performing within these guidelines. I understand that Exam Request Forms will not be processed without both pages of this document signed and completed.
	I will comply with procedures for handling any breaches of security that might occur and will not reveal the content of the examination, answers to examination questions, or administer the examination to anyone with a conflict of interest.
Ιh	ave confirmed that the physical exam facility meets the following minimum requirements:
	Permits all examinees to perform to their highest level of ability.
	Adheres to fire, safety, building (including codes regarding smoking), and occupancy codes and laws in the local jurisdiction.
	Meets all state and/or local regulatory requirements for exam administration.
	Offers adequate lighting, heating, cooling, ventilation, writing surfaces, and seating.
	Acoustics allow examinees to hear instructions.
	Allows efficient spacing between each examinee in actual testing area, or other appropriate and effective methods to prevent any examinee from viewing another's responses.
	Offers ability to monitor the examinees and the exam booklets at all times.
	Accessible for examinees with disabilities (e.g., wheelchair accessibility).
	Location is private to proctor and examinees only during exam administration.
	Online exam only: A computer with Internet access, mouse, and keyboard is available for each examinee. Not required but recommended is a printer connection for providing printed pass/fail information upon exam completion.
Th ph ap an Ac	nderstand if my location does not meet any of these standards that I should not administer the exam at this locale. e National Restaurant Association reserves the right to require documentation of the exam location (i.e. digital otograph) before or after exam administration. I understand that answer sheets may not be processed (or initial requests proved) if I'm unable to provide documentation. I understand the National Restaurant Association conducts announced d unannounced audits of ServSafe exam administrations. Any allegation or violation of any guidelines in the <i>Exam Iministration Handbook</i> can lead to investigation, suspension, and/or revocation of instructor/proctor status or examinee sults/certification.
Sig	nature of Proctor Date



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The most current version of this form is available at ServSafe.com.

Please verify you are using the current request form prior to submitting your request. Last revised, June 2021.

## PLEASE PRINT CLEARLY

- To order examinations, you must be a registered proctor. Please complete this form and email to ServiceCenter@restaurant.org or fax to 866.665.9570. Please do not mail your request after emailing or faxing it!
- Examinations may be ordered through ServSafe.com up to 9 business days prior to the examination date by going to the Instructor/Proctor tab, then clicking "Exam Management." Login to your ServSafe.com account, then you can go to "Schedule Exam Sessions"
- The Exam Support Materials tab contains all forms and applications needed.

## Section 1-Class Information

Date request sent to the Associat	ion Organizatio	on name	(If franchisee, provide	parent company)
Organization address				
Exam date/time			Location of examination	administration site (e.g., state, province, or country)
Proctor name and identification n	umber (required field)		Contact name (if differe	nt from instructor/proctor)
Email			Email	
Work telephone	Fax		Work telephone	Fax
Home telephone			Home telephone	
less from the exam date requ	ire a credit card for t usiness days refer to	the cost of shipping.	The National Restaurar	date. Any orders placed eight business days or at Association ships via UPS and a signature is eral holidays. Orders shipped UPS Next Day or
Name				
Mailing address (no P.O. boxes, A	APO, AE, etc.)/suite #			
City/state/zip code				
Telephone				
Section 3—Billing Inform	ation			
Only needs to be submitted w	hen ordering exams	under 8 business da	ys.	
Credit card number		Security code	Type of credit card	Exp. date
Name on credit card (please print)			Cardholder's signatu	ire
Billing address (no P.O. boxes, AF	PO, AE, etc.)/suite #			
City/state/zip code				
To ensure your rush order is p	processed, your billing	ng address must mate	ch the address associa	ated with the credit card.
Section 4—Examination Please indicate the langua	•	ServSafe examina	ations you need (for	eign language examinations are bilingual):
English	Spanish	Ko	rean	Chinese
Instructor	Japanese	Lar	ge Print	French Canadian
Reminder: Examination Ans	wer Sheets do not	accompany the exa	m booklets. Examina	tion Answer Sheets or textbooks with

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Examination Answer Sheets must be purchased prior to testing by ordering on ServSafe.com or contacting the Customer Care

Center at 800.765.2122. All examinees must have Examination Answer Sheets.