



AMERICAN CULINARY FEDERATION Practical Exam Candidate Registration Form

Please complete this registration form and submit to ACF prior to the scheduled practical exam date.

NAME: _____ ACF Member #: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

EMAIL: _____ PHONE: _____

DATE OF EXAM: _____ EXAM LOCATION: _____

Indicate the certification level you are testing for:

CC___ CPC___ CSC___ CWPC___ CCC___ CEC___ CEPC___ PCC___ PCEC___

Practical Exam fee due to ACF:

ACF Member fee - \$50

Non-Member fee - \$100

Test sites may charge an additional host site fee that is payable to the organization hosting the exam. *Payment for any host site fees is separate from the amount due to ACF and are coordinated by the test site administrator.* Contact the test administrator to confirm test time, host site fee and specific details about the facility and test.

Method of Payment: Amount Paid: \$ _____

1) Check Number: _____ Date Mailed: _____

2) Credit Card: VISA/MC/AMEX/DISCOVER (circle one)

Credit Card #: _____

Expiration Date: _____

Name as it appears on credit card: _____

Submit this form with payment via fax, email or mail to:

American Culinary Federation

180 Center Place Way

St. Augustine, FL 32095

Email: btaylor@acfchefs.net **Fax:** 904-940-0742 **Phone:** 800-624-9458, Ext. 130