



## Step 2: Final PCC™ Application

Personal Certified Chef™

American Culinary Federation, Inc. • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • Fax: (904) 940-0741 • www.acfchefs.org

Once completed either email to [certify@acfchefs.net](mailto:certify@acfchefs.net), mail this form and payment to the address above or fax to number above.

### Personal Information

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_ ACF #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name (as it should appear on certificate): \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

### Test Requirements

1. Written Exam (score valid for 2 years)

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Pass Sheet Included: \_\_\_\_\_

2. Practical Exam (score valid for 1 year)

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Pass Sheet Included: \_\_\_\_\_

### Payment Information

\$70.00 ACF Member      \$170.00 Non-Member

I have enclosed a check made payable to the American Culinary Federation (ACF).

Please bill my:    Visa      MasterCard      Amex      Discover

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CSC #: \_\_\_\_\_ Amount: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Signature: \_\_\_\_\_

### Certification Agreement

With this application, I verify the information provided is truthful and accurate. I grant the ACF permission to investigate employment and education, and I release from liability all persons and companies supplying such information. I agree to adhere to the ACF Certification Code of Ethics, Designation Usage and policies of the certification program and agree to accept the ACF Certification Commission's determination on all certification decisions. Certification is awarded for five years and recertification is required to maintain certification designation. I acknowledge that false statements or misrepresentation may result in the revocation of this application and/or approved certification. I agree to allow ACF to share my certification accomplishment in ACF communications and with local newspapers and industry publications.

Check this box if you do **not** want your certification accomplishments included in ACF communications or shared with media.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Retention Policy:** Certification documents will be retained for seven years after certification expiration.