

American Culinary Federation

Practical Exam Candidate Registration Form

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

Please complete application, attach documentation and email to certify@acfchefs.net or mail this form and payment to the address above. Darsanal Information

First Name:	MI: _	Last Name:			ACF #:
Home Phone:	Cell Phor	ne:		Email:	
Home Address:					
City:				State:	Zip:
Exam Location:		Exam Date:			
Certification level you are test	ing for				
Certified Culinarian® (CC®)		Certified Pastry Culinarian® (CPC®)			
Certified Sous Chef® (CSC®)		Certified Working Pastry Chef® (CWPC®)			
Certified Chef de Cuisine® (C		Certified Executive Pastry Chef® (CEPC®)			
Certified Executive Chef® (CEC®)			Personal Certified Executive Chef™ (PCEC™)		
Personal Certified Chef™ (PC	C _{LW})				
Payment Information					
\$50.00 ACF Member Practic	al Exam Fee	\$100.00 Non-	Member Pra	ctical Exam Fee	
I have enclosed a check made	e payable to the A	merican 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:			
If you need to cancel an exam aff two weeks of the test date. The	ACF registration fe	ee may be transfe	erred to a ne	w test date within	six months or will be forfeited.
Host sites may charge an additionare separate from the amount du				_	• •

fee and other specifics about the facility and/or test.