APPLICATION FOR FOOD HANDLER SAFETY TRAINING CARD			
Southern Nevada Health District (please print)			
Name		Circle One First Application	Renewal Duplicate
Last First	MI	That Application	Kenewar Dupneace
Address	Apt#	Place of Employment:	
City/State Zip Code			
Telephone #		FOR OFFICIAL USE ONLY	
		[ ] Vegas PBS [ ] ServS [ ] ProM [ ] NRFSP	
Birth Date	Female Male	[ ] Other	[ ] CFSM / ANSI
Month Day Year		Exp. Date	Cert. #
Online Food Safety Training		Fee L/F	Admn.
To take the training, go to		Total Amount	Initials
www.southernnevadahealthdistrict.org and click on the			
Food Safety Training link.		Cash	Visa/Mastercard
Drint the contificate of completion and being it with you			
Print the certificate of completion and bring it with you to get your Food Handler Safety Training Card.		Business Check/MO	Charge Voucher:
and the second s		ID #1	ID #2
You must complete the training before applying for			
your card.		HC#	Exp. Date
Signature	Today's Date		