

HOSPITALITY SECURITY PERSONNEL REGISTRATION FORM

PLEASE PRINT CLEARLY!

Date of Training: _____ Time of Training: _____

① Personal Information:

Name: _____
Last First Middle

Current Address: _____ Apt. No. _____

City, State Zip: _____ Phone No.: _____

Date of Birth: _____

Position: _____

Question – How did you find out about this training? _____

Verify that the above information is correct by signing: _____

② Employment Information:

Business Name: _____

Owner's / Manager's Name: _____

Address: _____

City, State Zip: _____ Phone No.: _____

If, not a member of the F&BA, may we contact them regarding the Food & Beverage Association of San Diego County? Yes No

③ Certification Information:

Instructor: _____ Location of Training: _____

Amount Paid: _____ Cash Check # _____ Pre-Paid Invoice Comp.

Results of Test: _____ Food Handlers Certificate No.: _____