

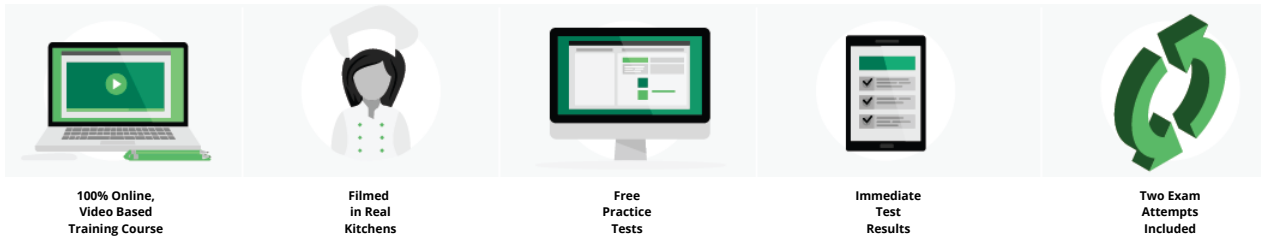
FOOD PROTECTION MANAGER CERTIFICATION - ONLINE

FANS food and nutritional
solutions



A Certified Food Protection Manager is required to be onsite at all times during kitchen operating hours.
- 2021 AZ Food Code

Food and Nutritional Solutions, LLC (FANS) has partnered with Nutrition Alliance, LLC and the Always Food Safe Co. as your ANSI accredited Certified Food Protection Manager provider.
Your license is valid for 5 years and meets all Arizona requirements.



REGISTRATION FORM

NAME: DATE:

COMPANY: JOB TITLE:

ADDRESS:

CITY: STATE: ZIP CODE:

EMAIL:

WORK PHONE: MOBILE PHONE:

TEST PROCTOR FORMAT (CHECK BOX BELOW):

Onsite Proctor - \$175.00 per person
Proctor administers an onsite review and exam at an assigned test site (5 person minimum). **Additional fee if less than 5.**

Remote Proctor - \$150.00 per person
Proctor is observing live via webcam and administers the exam remotely. No other person is permitted in the testing area.

If you are using a credit card, please go to the following page for more information

Email or Fax Registration Form to:
foodandnutritionsolutions@gmail.com
or 1.888.550.4813

Make Payment to (checks):
Food and Nutritional Solutions, LLC
PO Box 14143 Tempe, AZ 85284

For any questions, please contact Anna de Jesus at 602.819.8394 or foodandnutritionsolutions@gmail.com

THANK YOU FOR THE BUSINESS

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GROUP REGISTRATION

Company:

NAME: JOB TITLE:

EMAIL:

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Credit Card Payment Options

Pay online (preferred): <https://buy.stripe.com/6oE3e10nBb8B7cs6ox>

If you are unable to pay online, please sign and complete the form below to authorize Food and Nutritional Solutions, LLC (FANS) to make a one-time debit to your credit card. By signing this form you give FANS permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

ONE-TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

I,
(full name), authorize Food and Nutritional Solutions, LLC to charge my credit card account indicated below for \$
(amount) on or after
(date).

This payment is for the [Food Protection Manager Certification - Online](#).

Billing Address:

City: State: Zip Code:

Phone: Email:

CREDIT CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS

CARDHOLDER NAME:

ACCOUNT NUMBER:

EXPIRATION DATE:

SECURITY CODE:

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