

Please **READ BEFORE** filling out card.



Please **PRINT NEATLY** & legibly

For your full name:

Indicate full **LEGAL** name (no nicknames)

For issued:

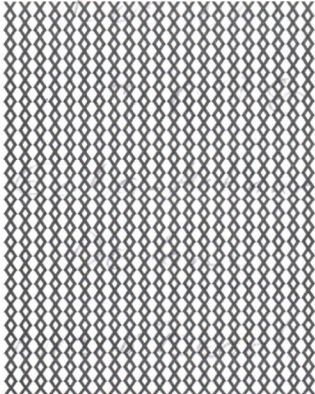

Indicate today's date (month/day/year)

For expiration:

3 years from today (month/day/year)

DOB: Circle month & put day & year of birth

Leave Certified Food Mgr blank; instructor will stamp that for you.

	 alcohol & food safety live & e-training www.theresponsiblevendors.com	Florida Food Handler Certification Provider # 7889870
	<u>Sac Batista</u>	
	Print Your First & Last Name	
	Issued <u>05 / 14 / 2019</u>	Expiration <u>05 / 14 / 22</u>
	Today's date 3 Years from today	
	Date of Birth: Circle month Jan Feb Mar <u>Apr</u> May June July Aug Sept Oct Nov Dec Put day <u>19</u> & Year of birth <u>19</u> <u>61</u>	
Certified Food Mgr/Instructor <u>Sac Batista</u>	Cert. # <u>21433744</u>	