

# National Registry of Food Safety Professionals



5728 Major Blvd., Suite 750

Orlando, FL 32819

1-800-446-0257

Fax 407-352-3603

customer.service@nrfsp.com

www.nrfsp.com

## NEW ACCOUNT ESTABLISHMENT

PLEASE TYPE OR PRINT

Company Name \_\_\_\_\_

Billing contact(s) \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Billing Phone \_\_\_\_\_

Billing Fax \_\_\_\_\_

Billing Email \_\_\_\_\_

Is a PO number required for billing? ☐ yes ☐ no Contact name for PO# \_\_\_\_\_

### Billing Policies:

- 1) All invoices are billed monthly- net 30 days.
- 2) Checks can be made payable to National Registry of Food Safety Professionals (NRFSP), a division of Environmental Health Testing.  
PO Box 850001 Orlando, FL 32885-0341
- 3) How would you like your invoices to be charged?  
☐ Invoice Only ☐ Auto Pay (charge to cc once invoice has been entered) ☐ I will call before you charge my cc  
(Approval of an invoice to be charged may be communicated via email to ar@nrfsp.com.)

### Rush and Cancelled order Fees:

- 1) Any exam order received nine (9) business days or less of the date needed will be assessed a \$25 rush fee.
- 2) Any exam order received four (4) business days or less of the date needed will be assessed a \$75 rush fee limit 50 exams delivered in the Cont. US only. Call for international rates.
- 3) Cancelled orders fees will be billed \$2.00 per exam ordered.
- 4) Unused exams will be billed at \$2.00 per unused exam.
- 5) Past due exams will be billed at \$2.00 per exam.

Credit card type ☐ Visa ☐ MC ☐ Amex ☐ Discover Credit card number \_\_\_\_\_

Expiration date \_\_\_\_\_ CC Security Code (cwz/cvc2#) \_\_\_\_\_

### Credit Card Policies:

- 1) Credit card will be charged for initial two orders, then a billing account may be established  
(excludes corporate accounts and government entities).
- 2) The National Registry reserves the right to charge the credit card on file for all  
invoices more than 90 days past due.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

**Guaranty.** The undersigned, in order to induce National Registry of Food Safety Professionals (NRFSP), a division of Environmental Health Testing (EHT), to extend credit under the terms of the Agreement, hereby on behalf of my organization unconditionally and irrevocably guarantees to NRFSP/EHT the due and punctual payment of all amounts due under the Agreement or invoice submitted by NRFSP/EHT in the normal course of business, when and as the same shall become due and payable, whether at the times stated therein or herein or by acceleration or otherwise and costs and expenses of collection. This guaranty is an absolute, unconditional, present and continuing irrevocable guaranty of payment and not of collectibility. The Guarantor unconditionally and irrevocably waives each and every defense which, under principles of guarantee or suretyship law, would otherwise operate to impair or diminish the liability of \_\_\_\_\_ [your company name], including any extension of time for payment or the exchange, surrender or release of any merchandise. This guaranty shall be binding upon the successors, assigns and endorsees of \_\_\_\_\_ [your company name]. The Guarantor further agrees to all provisions in this Agreement, including, but not limited to, the provisions relating to governing law, venue, personal jurisdiction, attorney's fees for prevailing party.

**Powers.** The Guarantor has the power to enter into, and exercise its rights and perform and comply with its obligations under, this Guaranty and Indemnity.

\_\_\_\_\_  
Authorized Guarantor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name(print)

\_\_\_\_\_  
Title

# National Registry of Food Safety Professionals

## Exam Administrator Agreement Form

Please read carefully before completing the requested information on the reverse

5728 Major Blvd., Suite 750  
Orlando, FL 32819  
1-800-446-0257  
Fax 407-352-3603  
customer.service@nrfsp.com  
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THIS PROCTOR FORM IS FOR THE ONLINE EXAM ONLY. PLEASE GENERATE ONLINE PROCTOR CODES AS SOON AS POSSIBLE.

- 1) I have agreed to serve as an Exam Administrator for National Registry of Food Safety Professionals' Food Safety Manager Certification Examination, hereafter referred to as the FSMCE.
- 2) I have read the Exam Administrator's Manual, and will adhere to all standards of administration, confidentiality, and all procedures and instructions including the Code of Conduct as specified in the Exam Administrator's Manual.
- 3) I have experience in giving secure exams (any kind, not limited to food).
- 4) I will not sit for the FSMCE within a period of one year after serving as an Exam Administrator for the exam except at a Pearson Vue exam center.
- 5) I am submitting personal references from three individuals (two of whom have known me for more than one year).
- 6) I understand that I can only serve as Proctor for the first 35 candidates. Beyond that number there must be one Proctor for every 35 candidates and I must return a signed Proctor Agreement Form for each Proctor.
- 7) I will locate, select, train, and supervise all Proctors.
- 8) I agree that immediately upon receiving exam booklets, I will verify the shipment and so note on the Exam Administrator Report Form.
- 9) I agree to keep the exams under double-lock in secure storage or in my sole possession until administration.
- 10) I agree to maintain the security of the exams before, during, and after the exam administration.
- 11) I agree to comply with the procedures for handling any breach of security as outlined in the Exam Administrator's Manual.
- 12) I will organize and administer all exam site activities and procedures, including securing a site that conforms to the requirements specified in the Exam Administrator's Manual.
- 13) I will accurately check candidates' photo identification.
- 14) I will not offer any hints, suggestions, definitions, or clues to the answer of an exam item.
- 15) If there are any questions as to the understanding of an exam item, I will provide the candidate with a Candidate Comment Form.
- 16) I will ensure no talking or communication of any form between candidates occurs during the exam.
- 17) I will ensure all of the candidates' books and class materials are stored at the front or back of the room.
- 18) Under no circumstances will I examine or discuss the exam contents with the candidates before, during, or after the examination.
- 19) I will ensure that no exam materials leave the room with the candidates or have been photocopied.
- 20) I understand that a representative of the National Registry may audit any administration of the FSMCE.
- 21) I affirm that I am not an employee of any other ANSI/CFP accredited FSMCE organization.
- 22) I understand that I cannot reproduce certificates or wallet cards, alter certificates or wallet cards, or otherwise misrepresent the information contained on the original document.

**I hereby affirm that I understand that my responsibilities as an Exam Administrator are critical for a fair and equitable administration of the National Registry of Food Safety Professionals' Food Safety Manager Certification Examination Program to each candidate.**

Initial Confidentiality and Nondisclosure. I am aware that I may be afforded access to proprietary information, confidential documents, and exam materials, and I hereby agree that I shall not disclose or provide to any person or entity, directly or indirectly, any information or documents pertaining to the preparation, testing, and/or grading services for the FSMCE provided by National Registry. I agree that I will not examine any of the exam materials, unseal any sealed exam booklets, or divulge any exam content with candidates before, during, or after the examination. It is understood that all documents, exam questions, or confidential information received from National Registry are and shall remain the exclusive property of National Registry, and that all documents or information shall be returned promptly to National Registry. As an Exam Administrator, I will keep the exams in a double-locked and secure location, remain in the exam room at all times during the exam, not allow candidates to behave in an inappropriate manner, including talking, and will ensure that the candidates are delivered an exam that is administered in a fair exam environment.

Controlling Law/Venue. I understand that the validity, interpretation, and performance of this Agreement shall be controlled by and construed under the internal laws of the State of Florida, without regard to conflict of law principles. This Agreement shall not be construed for or against either party. Venue for any legal proceeding or action at law arising out of or construing this Agreement shall lie solely and exclusively in the state courts of Orange County, Florida, or the United States District Court for the Middle District of Florida, Orlando Division. Both parties acknowledge that this Agreement was created in and will be partially performed in the State of Florida, and therefore each party agrees to submit to the exclusive personal jurisdiction of the State of Florida for a resolution of all disputes arising in connection with the interpretation, construction or enforcement of this Agreement, and each party hereby waives any claim or defense to such courts, including any claim or defense that such courts constitute an inconvenient forum.

Attorney's Fees. I understand that if either party initiates or is made a party to legal proceedings in connection with this Agreement, then the non-prevailing party in those proceedings will pay the costs and reasonable attorneys' fees.

Severability. I understand that legal unenforceability of a single provision in this Agreement shall not prevent enforcement of any other provisions of the Agreement.

Contract Breach. I understand that any breach of this agreement, including inappropriate conduct such as lying or cheating while participating in an examination which shall be deemed a material breach, shall permit National Registry of Food Safety Professionals to pursue all available legal remedies, including seeking monetary damages and injunctive relief in addition to resulting in future exclusion from any and all National Registry of Food Safety Professionals certification designations, examinations, and other programs. I understand that should I fail to follow the standards set forth by the National Registry, or the procedures provided in the Exam Administrator's Manual, my privilege as an Exam Administrator will be revoked.

New Accounts. I agree to abide by and adhere to all financial requirements as presented on the New Account Establishment form.

Print Name \_\_\_\_\_ Sign Name \_\_\_\_\_ Date \_\_\_\_\_

PLEASE TYPE OR PRINT



PLEASE TYPE OR PRINT

Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Have you been an administrator for an ANSI/CFP accredited provider? \_\_\_\_yes \_\_\_\_ no

Have your privileges been revoked? \_\_\_\_yes \_\_\_\_ no

If yes, please explain why. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated number of exams to be given: \_\_\_\_\_ per \_\_\_\_\_ (month/year).

Does your organization have a need for training resources/materials? \_\_\_\_yes \_\_\_\_ no

Number of years the company has been in business \_\_\_\_\_ Company website \_\_\_\_\_

**Shipping Address**

Company Name \_\_\_\_\_

I am authorized to order exams for this company \_\_\_\_yes \_\_\_\_ no

Region (if applicable) \_\_\_\_\_

Supervisor Name (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Attention \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_ Residential \_\_\_\_ Commercial

**Billing Address (see new account form)**

Drivers License or Passport Information

Issued by \_\_\_\_\_

Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

FAX OR MAIL THIS COMPLETED FORM, A LEGIBLE PHOTOCOPY OF YOUR DRIVERS LICENSE, AND  
A COMPLETED REFERENCE FORM OR LETTERS TO:

**NATIONAL REGISTRY OF FOOD SAFETY PROFESSIONALS**

**5728 MAJOR BLVD., SUITE 750**

**ORLANDO, FLORIDA 32819**

FAX: 407-352-3603

(Forms and accompanying papers may be faxed or mailed)

UPON APPROVAL YOU WILL BE REGISTERED AS AN EXAM ADMINISTRATOR AT WHICH TIME NRFSP WILL SEND YOU THE  
IDENTIFYING CODES YOU WILL NEED FOR ORDERING AND EXAM ADMINISTRATION. AT THAT TIME YOU WILL ALSO BE  
PROVIDED LOG IN INFORMATION FOR OUR WEBSITE. FOR ALL QUESTIONS CONTACT THE NATIONAL REGISTRY AT  
[CUSTOMER.SERVICE@NRFSP.COM](mailto:CUSTOMER.SERVICE@NRFSP.COM); 407-352-3830; OR TOLL FREE AT 800-446-0257

Please provide three references below as required for approval as an Exam Administrator. It may be used instead of

# National Registry of Food Safety Professionals

## Test Administrator Reference Form

5728 Major Blvd., Suite 750  
Orlando, FL 32819  
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Fax 407-352-3603  
customer.service@nrfsp.com  
www.nrfsp.com



letters from references. Each reference must provide his or her contact information. Two of the references must have known you for more than one year. Relatives may not serve as a reference. Also, non-relatives who reside at the same address as the Exam Administrator Applicant may not serve as a reference.

Administrator Applicant Information (print):

Applicant Name \_\_\_\_\_ Company \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email address \_\_\_\_\_

The following individuals have agreed to act as references to my professionalism and experience in areas that will enable me to fulfill my responsibilities and duties as described in the Exam Administrator's Manual for the Food Safety Manager Certification Examination program. I have asked these individuals to attest to my qualifications because they have know me personally and/or professionally, two of them for at least one year. Each individual has agreed to provide reference information to The Registry when contacted.

1) Name (print) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

2) Name (print) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

3) Name (print) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_