

# KENT CITY HEALTH DEPARTMENT

414 E. MAIN ST., P.O. BOX 5192, KENT, OH 44240 (330) 678-8109 FAX (330) 678-2082

## ServSafe® 2018 On-Line Exam & Retest Application

Our office offers the ServSafe 7th edition exam for those completing the online course and also for those not successfully passing the exam or looking to re-certify. Complete this application and submit it along with the required fee. The \$65.00 fee includes a review of materials before the test. All exams are administered at our office.

### Mail application and fee to:

**Kent City Health Department  
P.O. Box 5192  
Kent, OH 44240**

(For Directions contact our office at 330-678-8109 or [www.kentpublichealth.org](http://www.kentpublichealth.org)).

Choose an exam date:

- ❖ (Wednesday) March 21 1:00pm - 4:00pm
- ❖ (Wednesday) June 20 1:00pm - 4:00pm
- ❖ (Wednesday) September 26 1:00pm - 4:00pm
- ❖ (Wednesday) December 19 1:00pm - 4:00pm

------(cut here and retain the top portion for your records)-----

Select type of test:

Please check the box (es) below, if you need the written examination booklets in a language other than English or a large print exam.

Spanish     Chinese     Korean     Japanese     French Canadian     Large print

On-line applicant  (include Record of Training)    or    \* Re-Test

\*Original Exam Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Course Number \_\_\_\_\_

ServSafe Applicant's Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email Address (required) \_\_\_\_\_

Write the date you will be taking the Exam: \_\_\_\_\_

The \$65.00 exam fee is non-refundable; Class confirmations will be emailed. If we do not have a minimum of 10 students scheduled for the class by the Friday prior to the first session the class will be cancelled.