

**BARREN RIVER DISTRICT HEALTH DEPARTMENT  
FOOD MANAGER CLASS PRE-REGISTRATION**

**YOU MUST CALL TO SIGN UP PRIOR TO SENDING IN PRE-REGISTRATION FORM & FEE**  
**Call Sherry Keen at 781-8039, Ext. 153 or Holly Haynes at 781-2490, Ext. 255**

**PLEASE PRINT**

**SECTION I**

NAME: \_\_\_\_\_ Permit # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER (Name of Food Establishment) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_

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**SECTION II**

DATE OF CLASS YOU WISH TO ATTEND: \_\_\_\_\_

LOCATION OF CLASS:        **BARREN**                      **WARREN** (Please circle one)

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**SECTION III**

**Please circle correct fee:**

INITIAL CERTIFICATION CLASS (5 Hours)                      **\$50.00**

RECERTIFICATION CLASS (2 Hours)                              **\$25.00**

SUBSTITUTE ANOTHER APPROVED CLASS (Enclose Certificate)                      **\$10.00**

(ServSafe©, Exporior©, Other Approved Class) \_\_\_\_\_

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**SECTION IV**

OFFICE USE ONLY

**Return Application To: Sherry Keen  
Barren River Health Department  
P.O. Box 1157  
Bowling Green, KY 42102-1157**

**DATE RECEIVED** \_\_\_\_\_