

### CERTIFICATION APPLICATION

**\* Please note: Your TASN membership is a one year membership. You must renew your membership each year for your certification to remain in active (approved) status. Membership must be renewed within 30 days of the expiration date.**

**INFORMATION: Please print all information and sign the completed application**

Name _____	TASN Membership # _____	Certification # _____
School District _____	Title _____	
Address _____	City _____	Zip Code _____
Telephone Home _____	Work _____	
Email _____	Fax _____	

**EXPERIENCE**

Check present job title: # of years in each position

<input type="checkbox"/> Specialist/Helper/Cashier	_____
<input type="checkbox"/> Manager/Asst. Manager/Trainee	_____
<input type="checkbox"/> Supervisor/Director/Administrator	_____
Total years experience in school food service	_____

**FORMAL EDUCATION: Attach copies of all transcripts in a food service related field**

Check highest level completed:

<input type="checkbox"/> Below High School Level	<input type="checkbox"/> GED or High School Diploma	
<input type="checkbox"/> Certificate (20-30 college hours toward a degree plan)		
<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree

**CERTIFICATION**

Last Certification Level \_\_\_\_\_ Expiration Date \_\_\_\_\_ **\$20 per Level**

(Please attach copies of your certificates for the level that you are applying for.)

Check which level of certification you are applying for:

<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3	<input type="checkbox"/> Level 4	<input type="checkbox"/> Level 5
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I, the undersigned, verify the accuracy of the information contained in this application. Furthermore, I understand that any certificate issued by TASN which is based upon information found to be false will be revoked and the person to whom the certificate was issued will be subject to denial of any other certificate issued by TASN. I hereby give permission to release information regarding certification records to the authorized representative of the school district where I am employed.

\_\_\_\_\_  
Signature of Applicant Title Date

\_\_\_\_\_  
School Official Title Date

**Payment Information: (TASN will not accept cash)**

Discover \_\_\_ Visa \_\_\_ Master Card \_\_\_ Amex \_\_\_ Credit Card or Check # \_\_\_\_\_

Security Code (On back of card) \_\_\_\_\_ Expiration Date \_\_\_\_\_ Total Amount Enclosed/Charged: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address (if different from Certification address): \_\_\_\_\_