

**Food Worker Card Test ID Payment Form**

Inv Code FWC

	State of Alaska DEC FWC Program Financial Services/User Fees 410 Willoughby Ave., Ste 303 PO Box 111800 Juneau, AK 99811-1800  1-877-233-3663 (toll free) 907-334-2506	
---	--	---

This form is used to pay for an Alaska Food Worker Card Test ID. **Mail this completed form to the address above. Include your \$10 check or money order made payable to *State of Alaska FWC Program*.** You may also call the telephone number listed above to pay with credit card. Once DEC receives payment, a Food Worker Test ID will be sent in 2-3 weeks.

Enclosed is a check/money order       I have entered credit card information below

<b>Name</b>		
<b>Mailing address</b> (Street Address or Box Number)		<b>City</b>
		<b>State</b>
<b>Zip Code</b>	<b>Country (if not USA)</b>	<b>E-mail</b>
<b>Phone</b>		<b>Fax</b>
<b>Name on check or money order</b>		<b>Check/ MO #</b>
		<b>\$ Amount</b>
<b>How would you like to receive your test ID?</b> <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other _____		

If paying by credit card, please fill out the fields below:

<b>Printed Name (as on credit card)</b>		<b>Signature</b>	
<b>Card Type:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		<b>Exp. Date (MM/YY)</b>	<b>\$ Amount</b>
<b>Credit Card #</b>			
<b>For Department Use Only</b>			
<b>Test ID:</b>	<b>Date of Issue:</b>	<b>Method of Test ID Delivery:</b> <input type="checkbox"/> Mail <input type="checkbox"/> Email	