



Food Worker Card Reissue Request Form

DATE: _____

NAME ON PERMIT

DATE OF BIRTH

ADDRESS TO MAIL CARD TO:

ATTN:

STREET ADDRESS:

CITY, STATE, ZIP:

PHONE:

PAYMENT: All reissues are \$10, due at time of reissue

Check Enclosed (payable to WRA Education Foundation)

or

Visa M/C AMEX Discover

CVC Code: _____

(3 digits for V/MC and 4 digits AMEX/DIS)

Card # _____

Exp. _____

Billing Address: _____

(The address where your credit card statement is sent)

Print name as it appears on credit card: _____

Signature: _____

**Mail form to: WRAEF
Attn: Food Worker Program
510 Plum St SE, Suite 200
Olympia, WA 98501-1587**

Fax form to: (360) 357-9232

**Questions call:
877.695.9733 ext. 135**