

**EXAMINATION FOR  
MEAT CUTTER'S LICENSE**

**PUBLIC HEALTH - SEATTLE & KING COUNTY  
ENVIRONMENTAL HEALTH DIVISION  
LICENSES AND PERMITS**

INSTRUCTIONS:

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

All candidates for a meat cutter license must take an exam. Picture identification will be required prior to taking the exam. The cost of the exam is **\$105.00** and the cost of the license is an additional **\$79.00**

The exam is in two parts, both written, you need a score of 70% or more correct to pass. The first part consists of 70 questions on meat cutting, carcass identification, food safety and sanitation. The second part consists of chart containing 30 pictured cuts of meat to identify. Out of 100 questions you need at least 70 correct to pass the exam.

*NO STUDY OR REFERENCE MATERIALS WILL BE ALLOWED IN THE TESTING ROOM OR REFERRED TO AT ANY TIME DURING THE EXAM PROCESS. NO TEST MATERIALS MAY BE REMOVED FROM THE TESTING ROOM. VIOLATION OF THIS RULE WILL RESULT IN DISQUALIFICATION. ONCE YOU START THE EXAM, YOU MUST FINISH ALL PARTS OF THE EXAM BEFORE LEAVING THE TESTING ROOM. YOU MUST BEGIN THE EXAM IN SUFFICIENT TIME FOR COMPLETION PRIOR TO 4:00 PM.*

Candidates will be notified of the results of the exam as soon as possible following the exam. The time frame will depend on the number of exams to be graded and the availability of staff to do the grading, but generally, notification and issuance of a license to those successfully passing the exam takes place immediately following completion of the exam.

Candidates who do not pass the exam on the first attempt may retake the examination following notification that the first exam was failed. Each subsequent exam may be taken seven days following the last exam. The initial testing fee covers any additional retakes necessary to pass the exam.

All questions should be answered in each part of the exam to the best of your ability.

When you have finished the exam please return your answer sheet, test and picture chart, to the clerk at the desk.

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**IDENTIFICATION SECTION**  
(please print)

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

**Available in alternative format upon request pursuant to ADA**

*Do Not Write Below This Line*

Exam taken:  1<sup>st</sup> time  2<sup>nd</sup> time  3<sup>rd</sup> time

Exam color:  blue  white

Picture ID # \_\_\_\_\_

Total Score \_\_\_\_\_

PI # \_\_\_\_\_