



SELLER TRAINING TRAINER CERTIFICATE APPLICATION

FORM ST-402 (02/2011)

REQUIREMENTS:

- Submit complete applications. *Incomplete* applications will not be processed and will not be returned.
- Attach certificate of completion issued by the provider of the commission standard trainer training and signed by the instructor of the training.
- Keep an exact copy of this application.
- Complete and correct any deficiencies within ten business days. **Note: Applications must be complete and correct within 90 days from the date of the Notary Public signature or the application will be invalid.**
- Trainer certifications are valid for two years.
- Submit Renewal Applications prior to the date the certificate expires.

APPLICATION FEES:

- Application fees must be attached to each application.
- Application fees are non-refundable.

Original Seller Server Trainer Certificate: \$100.00

Renewal Seller Server Trainer Certificate: \$50.00

Late Fee: \$50.00 – Include the late fee if renewing after the certificate's expiration date. If more than 30 days have passed since the certificate's expiration date, application must be filed as an original with all appropriate fees and documentation.

MAILING INSTRUCTIONS:

Mail completed application with original signatures, processing fee(s) and required documents to:

Texas Alcoholic Beverage Commission

Attn: Seller Training Section

P.O. Box 13127

Austin, TX 78711

CONTACT INFORMATION

SELLER TRAINING (512) 206-3420

seller.training@tabc.state.tx.us

www.tabc.state.tx.us



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TABC USE ONLY – DO NOT WRITE IN THIS SPACE					
LE Trainer License Number:				Postmark date:	
Approval date:			Expiration date:		
LE File number:		LE Individual/organization number:		BSD Register No.	
Test score:		Certificate of Completion Attached? <input type="checkbox"/> Yes No <input type="checkbox"/>			

PRINT OR TYPE

<p>1. Application is filed as:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Original Attach documentation establishing that the applicant has at least:</p> <ul style="list-style-type: none"> 2 years experience in teaching or training; or 15 hours of post secondary education in a related field. <p style="margin-left: 40px;"><input type="checkbox"/> Renewal Attach documentation establishing that the applicant has:</p> <ul style="list-style-type: none"> attended all mandatory training offered or sponsored by the commission; completed the commission's liquor law course during the two-year term of the expiring certificate; and instructed at least 20 sessions during the term of the expiring certificate. 					
2. Applicant Name:					
3. School Name:				School Number: -	
Address:				Phone:	
City:		State:		ZIP Code:	
4. List all school numbers where applicant is authorized to instruct:		-		-	
<p>5. Has the applicant ever been charged with and/or been arrested for a felony?</p> <p style="margin-left: 20px;">If "Yes", please be aware that additional information may be requested. This could result in processing delays.</p>					<input type="checkbox"/> Yes No <input type="checkbox"/>
<p>6. Is the applicant or applicant's spouse employed by any person or business with:</p> <p style="margin-left: 20px;">a. an alcoholic beverage license or permit, or</p> <p style="margin-left: 20px;">b. direct or indirect interest in a business with an alcoholic beverage license or permit?</p> <p style="margin-left: 20px;">If "Yes", provide details in an attachment.</p>					<input type="checkbox"/> Yes No <input type="checkbox"/> <input type="checkbox"/> Yes No <input type="checkbox"/>
<p>7. Does the applicant or applicant's spouse own or have any interest in:</p> <p style="margin-left: 20px;">a. any business that holds an alcoholic beverage license or permit, or</p> <p style="margin-left: 20px;">b. the premises, equipment, or fixtures of a license or permit holder?</p> <p style="margin-left: 20px;">If "Yes", provide details in an attachment.</p>					<input type="checkbox"/> Yes No <input type="checkbox"/> <input type="checkbox"/> Yes No <input type="checkbox"/>
8. Has the applicant attached copies of any employment agreement or contract between the applicant and the party or parties from which the applicant will receive compensation for teaching seller training courses?					<input type="checkbox"/> Yes No <input type="checkbox"/>
9. Will the applicant receive compensation for teaching a TABC-approved program from any party other than the one identified in this application? If "Yes", provide details in an attachment .					<input type="checkbox"/> Yes No <input type="checkbox"/>



SELLER TRAINING PERSONAL HISTORY ATTACHMENT

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1. Applicant's Full Legal Name (Last, First, Middle): _____

Applicant's Address: _____
Street City ST ZIP

Business Phone No. () -	Residential Phone No. () -	Mobile Phone No. () -
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Applicant's Social Security Number - -	Issuing State/Driver's License Number	Applicant's Email Address:
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Race	Sex	Date of Birth (mm/dd/yyyy) / /	Place of Birth (City, State, Country)
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2. List residential addresses for the past three (3) years starting with current address. (If additional space is needed, please attach a list with the following information.)

Number and Street	City, State, ZIP	From (mm/yyyy)	To (mm/yyyy)
		/	PRESENT
		/	/
		/	/

3. Are you a U.S. citizen? YES NO
 If "NO", what is your legal status in the United States? Explain below, or attach a page with information. Attach copies of all documents such as Visa, Resident Alien, Employment Authorization Documents, etc.

WARNING: Section 101.69 of the Texas Alcoholic Beverage Code states: "...a person who makes a false statement or false representation in an application for a permit or license or in a statement, report, or other instrument to be filed with the Commission and required to be sworn commits an offense punishable by imprisonment in the penitentiary for not less than 2 nor more than 10 years."

I, under penalty of law, hereby swear that I have read all the information provided in this document and any attachments and the information is true and correct. I also understand any false statement or representation in this application can result in my application being denied and/or criminal charges filed against me.

I also authorize the Texas Alcoholic Beverage Commission to use all legal means to verify the information provided.

By signing below, I authorize the Texas Alcoholic Beverage Commission to conduct a criminal history background check. **If you have not lived in Texas for the previous 12 months, you are required to provide TABC with a certified copy of your criminal background check from the state police or FBI of any state where you lived in the previous five years.**

Print Name Authorized Signature

BEFORE ME, the undersigned authority, on this _____ day of _____, 20____ the person whose name is signed to the foregoing document personally appeared and duly sworn by me, each states under oath that he or she has read the said document and that all facts therein set forth are true and correct.

SIGN HERE: _____
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

CH - Date Entered / /		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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Signature