



SELLER TRAINING REPORT OF SELLER TRAINING

FORM ST-403 (06/2011)

TRAINEE INFORMATION MUST BE SUBMITTED ELECTRONICALLY THROUGH THE TEXAS ALCOHOLIC BEVERAGE COMMISSION COMPUTER SYSTEM. ALL INFORMATION MUST BE COMPLETE AND ACCURATE ON EVERY REPORT.

Seller Training schools must keep trainee data for four (4) years. It may be stored electronically or you may print this form for your records.

CLASS INFORMATION

TOTAL NO. ENROLLED:	The total number of students enrolled in the class.
TOTAL NUMBER PASSED:	The total number of students who successfully passed the class.
LANGUAGE:	The language the class was taught in, i.e. English, Spanish, etc.
TRAINER NAME:	The trainer's name.
SCHOOL NUMBER:	The TABC assigned school number.
DATE CONDUCTED:	The date that the class was held. (MM-DD-YYYY)
TIME CONDUCTED:	The time the class began. (HH:MM am/pm) Minutes must be entered in 15-minute increments (15, 30, or 45).
TOTAL HOURS:	The total time the class was conducted. Round to the nearest hour.
SESSION LOCATION:	The street address where the class was conducted.
TELEPHONE NUMBER:	The class trainer or school's business contact telephone number.

TRAINEE INFORMATION

SOCIAL SECURITY NO.:	The student's social security number.
FIRST NAME, LAST NAME, M.I.:	The student's full first name, last name, and middle initial.
DATE OF BIRTH:	The student's date of birth in the format MM-DD-YYYY.
TEST SCORE:	The score the student made on the class final exam.
CERTIFICATE NUMBER:	The certificate number on the Seller Training Certification issued to the student. The list must be in Certificate Number order.

CONTACT INFORMATION

SELLER TRAINING 512-206-3420

seller.training@tabc.state.tx.us

FOR MORE INFORMATION GO TO: www.tabc.state.tx.us



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TOTAL NO. ENROLLED: _____	TOTAL NO. PASSED: _____	LANGUAGE: _____
TRAINER NAME: _____	SCHOOL NUMBER: _____	
DATE CONDUCTED: _____	TIME CONDUCTED: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM TOTAL HOURS: _____
SESSION LOCATION: _____		TX (State)
(Address/City)		(County)
TELEPHONE NUMBER: _____		

The individuals whose names appear below have attended and successfully completed a Texas Alcoholic Beverage Commission approved Seller Training Program. **TRAINEE INFORMATION MUST BE TYPED.**

#	SOCIAL SECURITY NO.	FIRST NAME	LAST NAME	MI	DATE OF BIRTH MM-DD-YYYY	TEST SCORE	CERTIFICATE NUMBER
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
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12.							
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17.							
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19.							
20.							
21.							
22.							
23.							
24.							

I, the undersigned, affirm that those individuals whose name(s) appear on the preceding page(s) have attended and successfully completed a Texas Alcoholic Beverage Commission approved Seller Training Program. **I have read the report and all the facts therein set forth are true and correct.**

Trainer's signature

Print or type trainer's name



SELLER TRAINING REPORT OF SELLER TRAINING PAGE 2

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TRAINER NAME: _____	SCHOOL NUMBER: _____ - _____
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	SOCIAL SECURITY NO.	FIRST NAME	LAST NAME	MI	DATE OF BIRTH MM-DD-YYYY	TEST SCORE	CERTIFICATE NUMBER
25.							
26.							
27.							
28.							
29.							
30.							
31.							
32.							
33.							
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48.							
49.							
50.							

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_____ Trainer's signature

_____ Print or type trainer's name