



# SELLER TRAINING SCHOOL ADMINISTRATION MODIFICATION REQUEST

FORM ST-426 (01/2011)

School Number: \_\_\_\_\_ - \_\_\_\_\_ Modification Requested:  Program Administrator  
 Designated Trainer

### NEW PROGRAM ADMINISTRATOR

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Ethnic Origin:  **W**-White  **H**-Hispanic  **P**-Asian/Pacific Islander  
 **B**-Black  **I**-American Indian/Alaskan  **O**-Other \_\_\_\_\_

Sex: Male  Female  SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ % Of Interest: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### Name of person to be deleted as the program administrator:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Authorized Administrator*

### NEW DESIGNATED TRAINER

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Ethnic Origin:  **W**-White  **H**-Hispanic  **P**-Asian/Pacific Islander  
 **B**-Black  **I**-American Indian/Alaskan  **O**-Other \_\_\_\_\_

Sex: Male  Female  SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ % Of Interest: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### Name of person to be deleted as the designated trainer:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Authorized Administrator*

**Before me**, the undersigned authority, on this day personally appeared \_\_\_\_\_  
 known to me to be the person(s) whose name(s) is/are signed to the foregoing application and, duly sworn by me, each  
 states under oath that he/she has read the said application and that all facts therein set forth are true and correct.

**Sworn to before me**, this the \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

### TABC Use Only

CH - Date Entered

/ /

**Approved**  
 **Disapproved**

\_\_\_\_\_  
*Signature*