



APPLICATION INSTRUCTIONS

Seller Training Trainer Certification

Form ST-402 (04/2009)

GUIDELINES AND FEES

- Submit a separate *application* for **each** proposed program.
- Attach a \$50 application fee to **each** application.
- The \$50 fee must be submitted by cashier's check, certified check, business check or U.S. postal money order made payable to the Texas Alcoholic Beverage Commission.
- If an application is rejected, the processing fee will not be returned.

Note: Incomplete applications will delay processing.

SUBMITTING AN APPLICATION

- Applicants may mail application(s) and fee(s) **or** submit them when taking the trainer test.
- Mail completed application with original signatures, processing fee(s) and required documents to:

Texas Alcoholic Beverage Commission
 Attn: Seller Training
 P.O. Box 13127
 Austin, TX 78711

TESTING

Before an application is approved, applicants must:

- pass a TABC-administered test with a score of 80 or more
- pass the test within two months of submitting the application
- bring the application (original or copy) **and** fees (or copy of payment) at the time of testing

Tests include questions on:

- required program content
- trainer administration requirements
- basic teaching techniques

For testing schedules, contact a TABC compliance auditor at these TABC office locations:

Houston	(713) 426-7900	Conroe	(956) 756-0050	Odessa	(432) 367-0760
Dallas	(214) 678-4000	Corpus Christi	(361) 851-2531	Richmond	(281) 239-2607
Lubbock	(806) 793-3221	Denton	(910) 349-2877	San Marcos	(512) 393-7744
San Antonio	(210) 731-1720	El Paso	(915) 834-5860	Uvalde	(830) 278-3415
Austin	(512) 206-3421	Fort Worth	(817) 451-9466	Victoria	(361) 575-4776
Abilene	(325) 672-8111	Galveston	(281) 337-5611	Waco	(254) 776-7626
Amarillo	(806) 353-1286	Laredo	(456) 523-4603	Wichita Falls	(940) 322-8606
Beaumont	(409) 898-3116	Longview	(903) 759-7828		
Belton	(254) 933-5368	McAllen	(956) 687-5141		
Bryan	(979) 260-8222	McKinney	(972) 547-5099		

TESTING FOR RENEWALS

If renewing *within* 60 days of expiration date:

- no testing required

If renewing *after* 60 days of expiration date:

- testing is required
- trainer must submit a new application

CONTACT INFORMATION

For more information on Seller Training, go to the TABC website at <http://www.tabc.state.tx.us/> or call 512-206-3420.

Seller Training Trainer Certification

FOR OFFICIAL USE ONLY – DO NOT USE THIS SPACE

Original Renewal Register No.

Trainer number:		Postmark date:	
Trainer license number: —		Expiration date:	
Approval date:			
File number:		Individual/organization number:	
Test score:		Auditor number:	Auditor signature:

PRINT OR TYPE

1. Applicant Information			
Name:		Race:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	DOB:	SSN: — —	
Driver's License No.:	State:	Phone	
Address:			
City:	State:	ZIP Code:	
2. School Name:			
Address:		Phone:	
City:	State:	ZIP Code:	
3. Program Name:		School/Program No. —	
4. Application filed as:			
a. <input type="checkbox"/> Original	<u>List all school/program numbers applicant is authorized to instruct.</u>	—	—
b. <input type="checkbox"/> Renewal	<u>List all school/program numbers to be renewed.</u>	—	—
Note: For renewals, list and attach a copy of continuing education hours.			
5. Has the applicant <i>ever</i> been <i>charged</i> with and/or been arrested for a felony or misdemeanor offense? This includes driving while intoxicated (DWI or DUI) but excludes minor traffic violations. If “yes,” provide details and documentation regarding the final disposition of any charges, including any deferred adjudication disposition. Failure to acknowledge this will result in processing delays.			<input type="checkbox"/> Yes No <input type="checkbox"/>
6. Is the applicant or applicant's spouse employed by any person or business with: a. an alcoholic beverage license or permit, or b. direct or indirect interest in a business with an alcoholic beverage license or permit? If “yes,” provide details in an attachment.			<input type="checkbox"/> Yes No <input type="checkbox"/> <input type="checkbox"/> Yes No <input type="checkbox"/>
7. Does the applicant or applicant's spouse own or have any interest in: a. any business that holds an alcoholic beverage license or permit, or b. the premises, equipment, or fixtures of a license or permit holder? If “yes,” provide details in an attachment.			<input type="checkbox"/> Yes No <input type="checkbox"/> <input type="checkbox"/> Yes No <input type="checkbox"/>

Seller Training Trainer Certification

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 <input type="checkbox"/> No
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 <input type="checkbox"/> No
10. a. Will the applicant teach the TABC-approved program in a language other than English? If “yes,” list languages: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Will the applicant's translation closely follow the approved English program? If “no,” explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

School Certification

I hereby certify that the applicant will have completed a trainer development program that includes a minimum of 12 hours of study time, 12 hours of observation and 12 hours of practice teaching in front of an audience, and that the applicant is qualified and competent to teach a Seller Training Program **before taking the trainer test**. **If this is a renewal application, I hereby certify that the applicant has completed the required continuing education hours.**

 Authorized Signature for School

 Print or Type Name

WARNING: Section 101.69 of the Texas Alcoholic Beverage Commission 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.”

 Signature must appear as name shown in number 1

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 or 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