



FORM ST-403 (04/2009)

REPORT OF SELLER TRAINING INSTRUCTIONS

TRAINEE INFORMATION MUST BE TYPED.

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-PROGRAM NO.: The T.A.B.C. assigned school number in the first space, the T.A.B.C. program number in second space.

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.

LAST NAME, FIRST M.I.: The student's full last and first names 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 Certificate Number is seven digits. It must include the numerical prefix followed by a six-digit number. The prefix for Seller Server Training books is "1" or "3" and then the actual six digit certificate number. The prefix for electronic (printable) sheets is "2" and then the actual six digit certificate number. The list must be in Certificate Number order.

NOTE: All of the above information must be completely and correctly entered on every form. A form that is submitted with incomplete or incorrect information may be considered as having not been submitted in a timely manner and result in administrative action against the school.

All **VOIDED** certificates must be listed in proper order with the word **VOID** typed in the Last Name column.

When reporting fewer than 25 trainees, submit only page 1 with the original signature of the person who performed the training. When reporting 25 or more trainees, use pages 1 and 2. However, only page 2 will need to be signed. (This signature indicates the trainer checked the report for accuracy.)

Mail completed report to your T.A.B.C. local field office or the headquarters office:

**ATTN: SELLER-SERVER CERTIFICATION
TEXAS ALCOHOLIC BEVERAGE COMMISSION
P O BOX 13127
AUSTIN TX 78711**



FORM ST-403 (04/2009)

REPORT OF SELLER TRAINING

FOR OFFICIAL USE ONLY
POSTMARK DATE:

TOTAL NO. ENROLLED: _____ TOTAL NO. PASSED: _____ LANGUAGE: _____

TRAINER NAME: _____ SCHOOL-PROGRAM NO: _____

DATE CONDUCTED: _____ TIME CONDUCTED: _____ AM PM TOTAL HOURS: _____

SESSION LOCATION: _____ (Address/City) _____ (County) TX (State)

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.	LAST NAME	FIRST	MI	DATE OF BIRTH MM-DD-YYYY	TEST SCORE	CERTIFICATE NUMBER
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
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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



REPORT OF SELLER TRAINING

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

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