



SCHEDULED TRAINING SESSION NOTICE INSTRUCTIONS

Form ST-404 (04/2009)

PRINT OR TYPE ALL ANSWERS. Provide all requested information for each session.

Form ST-404 must be used to notify the Texas Alcoholic Beverage Commission of scheduled training sessions, as well as cancellations. The Commission must receive notices at least three (3) business days before the session date. **KEEP A COPY FOR YOUR RECORDS.**

Notice of session scheduling may be made by contacting the Seller-Server Training section by e-mail, fax, or mail. Note that each page includes three (3) notice forms. If submitting through the postal service, separate each notice on the dotted line and submit as needed. If submitting by fax, please fax the entire sheet with the unnecessary notices crossed out. If submitting by email, please leave the other sessions BLANK.

RECURRING SESSIONS: TABC's database will only allow recurring sessions to be entered up to three-months in the future. If you wish to send recurring sessions to TABC to be entered, they will have to be sent every three months.

CANCELLATIONS: The Commission must be notified by phone, fax, or email of session cancellations prior to the actual session date except when cancellation cannot be anticipated before the session's scheduled start. When cancellation cannot be anticipated, the Commission must be notified by the tenth day of the month for each session cancelled during the previous month. A copy of the original Scheduled Session Training Notice (ST-404) may be used to cancel a session by circling "Cancellation", entering Date Cancelled and Time Cancelled and submitting the form to TABC. **KEEP A COPY FOR YOUR RECORDS.**

ADDRESS:

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

WEB Address:

<http://www.tabc.state.tx.us/>

E-MAIL:

seller.training@tabc.state.tx.us

FAX NO.:

(512) 206-3316

TELEPHONE NO.:

(512) 206-3420



FORM ST-404 (04/2009)

TEXAS ALCOHOLIC BEVERAGE COMMISSION SCHEDULED TRAINING SESSION NOTICE

SINGLE SESSION RECURRING SESSION CANCELLATION (Check **AND** circle if cancellation.)

SCHOOL NAME: _____ SCHOOL-PROGRAM NO: _____ - _____

TRAINER NAME: _____ SCHOOL PHONE NO: (____) _____

SESSION DATE: _____ SESSION TIME: _____ AM PM LANGUAGE _____

SESSION LOCATION: _____

_____ ADDRESS _____

_____ CITY _____ COUNTY _____ STATE _____

Is the session to be conducted on licensed or permitted premises? No Yes If yes, enter location Name: _____

IF Recurring Session enter End Date: _____ IF Cancellation enter Date Cancelled: _____ Time Cancelled: _____ AM PM

Date of Notice

Typed Name if Submitting by Email/Authorized Signature for School if Submitting by Fax or Mail



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