

## TEXAS ALCOHOLIC BEVERAGE COMMISSION ORDER & INVOICE FOR SELLER/SERVER TRAINING CERTIFICATE BOOKS

INSTRUCTION: Prepare an original and two (2) copies of this form. Retain the last copy of the form in your files. Forward the original and one (1) copy to:

## ATTN: TAX DIVISION TEXAS ALCOHOLIC BEVERAGE COMMISSION P O BOX 13127 AUSTIN TX 78711-3127

Questions and requests should be made to (512)206-3341. If picking up your order, please fax it to (512)206-3321.

A completed copy of this form will be returned to you along with the Trainee Certificates. When issuing these certificates all information <u>must be printed in BLACK ink</u> with the exception of the <u>signature</u> of the Trainer issuing the card. Each certificate must be filled out completely. Be sure that the back cover separator is placed behind the school's yellow copy for the carbon to work properly. The school's copies must remain in the booklet. The school's copies of the trainee certificates issued and voided are a permanent record and must be kept. These records must be maintained on the school's premises for examination by any representative of the Commission. Voided certificates are not refundable. **Schools should not issue duplicate or replacement certificates for lost certificates.** An individual who needs a duplicate certificate must request Form ST-412 (Certificate Reprint Request) from the Seller Training Section of the Texas Alcoholic Beverage Commission at (512) 206-3420.

DATE OF ORDER		SCHOOL NUMBER			
SCHOOL NAME					
STREET ADDRESS C			Υ		
MAILING ADDRESS		_ CITY		ZIP CODE	
	*****CERTIFIC	ATE BOOKS*****			
NUMBER OF TRAINEE CERTIFICAT (IN MULTIPLES OF FIFTY (50) CERTIFIC					
MULTIPLY BY STATE FEE			X	\$2.00	
PAYMENT DUE WITH ORDER			\$		
NOTE: Trainee Certificates must accompany this order and Telephone Number ( )	must be payable to the	he Texas Alcoholic	: Beverage	Commission.	
		School	Officer Signat	ture and Title	
		AL USE ONLY ATE BOOKS)			
Date Invoice Number			Register No		
FromCertificate Number	Thru Certifica	te Number	Quantity		
Amount Received \$			Representative	9	
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