



**TEXAS ALCOHOLIC BEVERAGE COMMISSION
ORDER & INVOICE FOR SELLER/SERVER TRAINING
PRINTABLE CERTIFICATES**

INSTRUCTION: Prepare an original and two (2) copies of this form. The last copy of the form should be retained in your files and the original and one (1) copy shall be forwarded to:

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

This form may also be faxed to (512) 206-3349. Questions and requests should be made to (512) 206-3341.

A completed copy of this form will be returned to you along with the Trainee Certificates. When issuing these certificates all information **must be printed in BLACK ink** and include the approved electronic signature of the Trainer issuing the card. Each certificate must be filled out completely. The school must keep either an electronic copy or a photo copy of each certificate issued. 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 _____ CITY _____
 MAILING ADDRESS _____ CITY _____ ZIP CODE _____

*******PRINTABLE CERTIFICATES*******

NUMBER OF TRAINEE CERTIFICATES ORDERED
(IN MULTIPLES OF 300 CERTIFICATES ONLY) _____

MULTIPLY BY STATE FEE X \$2.00

PAYMENT DUE WITH ORDER \$ _____

NOTE: Trainee Certificates must be ordered in multiples of 300. Payment of the amount due must accompany this order and must be payable to the Texas Alcoholic Beverage Commission.

Telephone Number () _____ - _____ Signed _____
School Officer Signature and Title

FOR OFFICIAL USE ONLY
(PRINTABLE CERTIFICATES)

Date _____ Invoice Number _____ Register No. _____

From _____ Thru _____ Quantity _____
Certificate Number Certificate Number

Amount Received \$ _____ T.A.B.C. Representative _____