



FORM ST-432 (04/2009)

INSTRUCTIONS FOR SCHOOL DATA CORRECTIONS

COPY OF ORIGINAL REPORT MUST BE SUBMITTED WITH FORM ST- 432, SCHOOL DATA CORRECTIONS.

Submit a separate correction letter (Form ST-432) for each report.

ALL Corrections: Enter the beginning and ending certificate numbers from the original report.

CLASS INFORMATION

If session information needs correction, complete this section. Otherwise, leave it blank.

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 (00, 15, 30, or 45).

TOTAL HOURS: The total time the class was conducted. Round to the nearest hour.

SESSION LOCATION: The street address, city, and county where the class was conducted.

TELEPHONE NUMBER: The class trainer's or school's business contact telephone number.

ADD: If adding trainees to a previous report, check this box. Enter ALL session information. Enter the number of trainees being added to original report.

TRAINEE INFORMATION

1. Check the item(s) needing correction.
2. **ALL** trainee information must be entered for each trainee needing correction.

TRAINEE INFORMATION MUST BE TYPED.

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.

Print or type the trainer's name and sign the form.

Do not email this form. Email is not a secure way to communicate. Sending this information electronically could result in its unlawful disclosure or interception by unauthorized persons, in violation of state and federal privacy and confidentiality laws.

Fax or mail completed correction (attached to a copy of the original report) to the Texas Alcoholic Beverage Commission:

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

Fax: 512-206-3316

SCHOOL DATA CORRECTIONS

FROM ORIGINAL REPORT, enter Beginning Certificate # _____ and Ending Certificate # _____

If session information needs correction, please enter below and highlight corrected information.

TRAINER NAME: _____ SCHOOL-PROGRAM NO: _____

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

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

TELEPHONE NUMBER: _____ ADD _____ TRAINEES

Submit a separate correction letter (Form ST-432) for each report. Copy of original report must be attached to correction letter. **TRAINEE INFORMATION MUST BE TYPED.**

1. Check corrected items. 2. Enter all trainee information for each trainee needing correction.

<input type="checkbox"/> SSN <input type="checkbox"/> NAME <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> TEST SCORE <input type="checkbox"/> CERTIFICATE #							
	SOCIAL SECURITY NO.	LAST NAME	FIRST	MI	DATE OF BIRTH MM-DD-YYYY	TEST SCORE	CERTIFICATE NUMBER
1.							
<input type="checkbox"/> SSN <input type="checkbox"/> NAME <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> TEST SCORE <input type="checkbox"/> CERTIFICATE #							
	SOCIAL SECURITY NO.	LAST NAME	FIRST	MI	DATE OF BIRTH MM-DD-YYYY	TEST SCORE	CERTIFICATE NUMBER
2.							
<input type="checkbox"/> SSN <input type="checkbox"/> NAME <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> TEST SCORE <input type="checkbox"/> CERTIFICATE #							
	SOCIAL SECURITY NO.	LAST NAME	FIRST	MI	DATE OF BIRTH MM-DD-YYYY	TEST SCORE	CERTIFICATE NUMBER
3.							
<input type="checkbox"/> SSN <input type="checkbox"/> NAME <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> TEST SCORE <input type="checkbox"/> CERTIFICATE #							
	SOCIAL SECURITY NO.	LAST NAME	FIRST	MI	DATE OF BIRTH MM-DD-YYYY	TEST SCORE	CERTIFICATE NUMBER
4.							
<input type="checkbox"/> SSN <input type="checkbox"/> NAME <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> TEST SCORE <input type="checkbox"/> CERTIFICATE #							
	SOCIAL SECURITY NO.	LAST NAME	FIRST	MI	DATE OF BIRTH MM-DD-YYYY	TEST SCORE	CERTIFICATE NUMBER
5.							
<input type="checkbox"/> SSN <input type="checkbox"/> NAME <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> TEST SCORE <input type="checkbox"/> CERTIFICATE #							
	SOCIAL SECURITY NO.	LAST NAME	FIRST	MI	DATE OF BIRTH MM-DD-YYYY	TEST SCORE	CERTIFICATE NUMBER
6.							
<input type="checkbox"/> SSN <input type="checkbox"/> NAME <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> TEST SCORE <input type="checkbox"/> CERTIFICATE #							
	SOCIAL SECURITY NO.	LAST NAME	FIRST	MI	DATE OF BIRTH MM-DD-YYYY	TEST SCORE	CERTIFICATE NUMBER
7.							

Trainer's signature _____

Print or type trainer's name _____