

**Certificate of Completion  
Of an On-Premises approved Online  
Alcohol Training Awareness Program**

This Certificate of Completion expires three years from the date of the program session.

**SECTION 1 - SCHOOL**

School Certificate of Approval No.

	A	T		0	0	0	
--	---	---	--	---	---	---	--

Name of School \_\_\_\_\_

Program Date \_\_\_\_\_

Certificate of Completion Expires  
Three Years from this Date

**SECTION 2 - STUDENT**

Name of Student \_\_\_\_\_

Student's Home Address \_\_\_\_\_

City, Town, or Village / State / Zip Code \_\_\_\_\_

Student's Date of Birth

--	--	--	--	--	--	--	--

Last Four Digits of Student's  
Social Security Number

--	--	--	--

Currently Employed by : \_\_\_\_\_

**STUDENT CERTIFICATION:**

BY MARKING THE CERTIFICATION BOX ONLINE I CERTIFY THAT I COMPLETED ALL LESSONS, QUIZZES AND FINAL EXAM REQUIRED TO DEMONSTRATE MASTERY OF ALL MATERIAL. MY CERTIFICATION TO THAT FACT IF NOT TRUE MAY CONSTITUTE FILING A FALSE INSTRUMENT, MAY SUBJECT MY EMPLOYER TO DISCIPLINARY ACTION BY THE STATE LIQUOR AUTHORITY, AND WILL SUBJECT THIS CERTIFICATE TO BE REVOKED.

**SCHOOL CERTIFICATION:**

I CERTIFY THAT I AM THE DIRECTOR OF THE SCHOOL DESCRIBED ABOVE AND THAT THE ABOVE STUDENT SUCCESSFULLY COMPLETED THE ENTIRE PROGRAM.

Signature \_\_\_\_\_

Date \_\_\_\_\_