



**SCHEDULED SESSION
 FOR A CLASSROOM INSTRUCTED
 ALCOHOL TRAINING AWARENESS PROGRAM**

This completed form, *typed or neatly printed*, MUST be on file and in the possession of the State Liquor Authority not less than FOURTEEN DAYS before the date of the Scheduled Session. Certificates of Completion WILL NOT BE HONORED unless FOURTEEN DAYS advance notice of the Session has been given to the Authority.

Name of School _____

Name of Building where the Session will be given _____

Street address and room where the Session will be given _____

City, Town, or Village/ State / Zip _____

County of Session Location _____

Name of the Contact Person at the Proposed Location _____

Room Number of the Contact Person at the Proposed Location _____

Telephone Number of the Contact Person at the Proposed Location _____

Date of the Session / Day of Week: Date _____ Day _____

Time the Session will Start and End: Start Time _____ End Time _____

Type of Session: __ On Premises _____ Off Premises _____

Name of the Instructor who will give the Session _____

Instructor's Business Address (Street Address and Room Number) if different from the business address of the School: _____

City, Town, or Village/ State / Zip _____

Instructor's Business Telephone Number (if different from the School's telephone number) _____

Name of the School Official sending this form _____

Title of the School Official sending this form _____

Signature of the School Official Sending this form _____

This completed form must be mailed, faxed or sent by e-mail by the approved school or other entity holding a Certificate of Approval to:

New York State Liquor Authority
 Alcohol Training Awareness Program
 80 South Swan Street, Suite 900
 Albany, New York 12210
www.atap@abc.state.ny.us or fax 518-473-7527