

**Certificate of Completion
Of an Off-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.

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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

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Last Four Digits of Student's
Social Security Number

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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 _____