# Report of Server, Seller or Manager Training

**All information on this report must be provided for each employee successfully trained and tested.**

**ABC LICENSE NUMBER:** _____ — _____ **TRADE NAME:** _____

License Type | License Number including County Code

| TRAINED EMPLOYEE'S NAME | LAST 4 DIGITS OF SOCIAL SECURITY NUMBER | DATE OF BIRTH | DATE HIRED | DATE COURSE COMPLETED | COURSE ID NUMBER | TRAINER |
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Rvp-6/3/2009

*NOTE: This completed form, or an approved alternate format, must be submitted to the ABC Board, Responsible Vendor Program following successfully training and testing of employees.*