



Form ST-462 (01/2011)

SELLER SERVER TRAINING COURSE SIGN IN SHEET

School Number:	_____ - _____	Trainer Name:	_____
Time:	_____ AM <input type="checkbox"/> PM <input type="checkbox"/>	Date:	_____
Session location:	_____		
	<small>(Address/City/Zip Code)</small>		

**To be completed by trainees only.
Completed form must be presented to TABC staff upon request.**

	TRAINEE'S PRINTED NAME	SIGNATURE
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