



TRAINER CERTIFICATION

State Form 33 (R4 / 6-90)

Approved by the State Board of Accounts, 1990

Training Date _____

- 1.) Read entire application thoroughly before completing.
- 2.) Complete the application in **black ink**.
- 3.) Only original applications will be accepted.
- 4.) Have application notarized before submitting.
- 5.) Please attach a letter indicating which training session you are registering for.

Send to:	
District #1 52422 Couly Road 17 Bristol, IN 46507 574-264-9480	District #4 651 S. Frontage Rd. Seymour, IN 47274 812-523-8314
District #2 1353 S. Governors Dr. Columbia City, IN 46275 260-244-4285	District #5 3650 S. US 41 Vincennes, IN 47951 812-882-1292
District #3 279 W. 300 N. Crawfordsville, IN 47933 765-362-8815	District #6 6400 E. 30th St. Indianapolis, IN 46219 317-541-4100

Applicant's Name	Age	Sex M F	Date of Birth	Height	Weight
Home Telephone Number	Business Telephone Number		Social Security Number		
Street Address	City		State	ZIP code	
Employer (If employed by a 3rd party, complete attached form)	Employer Address				
E-mail address:	Training Provider Website (For Third Party Training Providers)				
Are you the program director for your training provider?	If not, who is the program director for your training provider?				
Are you employed by a retail or dealer permittee?	If yes, what is the permit number at the business?				

PLEASE READ AND INITIAL

Are you aware that a Certified Trainer shall:

<input type="checkbox"/>	Conduct certified training programs as outlined by the Alcohol & Tobacco Commssion.
<input type="checkbox"/>	Maintain control while conducting classes, maintain materials & equipment and maintain a professional appearance.
<input type="checkbox"/>	NOT issue a trainer certificate to a person that has not successfully completed the trainer program.
<input type="checkbox"/>	NOT issue a server certificate to a person that has not successfully completed the server program.
<input type="checkbox"/>	NOT provide training and testing materials to a person that is not in attendance in class.
<input type="checkbox"/>	NOT allow admission to a person, or allow continued attendance to a class if that person is tardy, cheating, under the influence of alcohol or drugs, and/or not registered to attend the class
<input type="checkbox"/>	Have prior experience in conducting educational or training classes
<input type="checkbox"/>	Be employed or retained by a training provider or in-house training provider

SIGNATURE AND AFFIRMATION

I certify that this application was completed by myself. I affirm under penalties of perjury that all information provided on this form is true and correct. I understand that it is a felony under Indiana law to misrepresent or falsify any portion of this application, and also realize that I may be fined.

Signature of applicant	Date Signed (month, day, year)
Print Name	ATC Trainer Number

APPLICANT'S STATEMENT - MUST BE NOTARIZED

STATE OF _____
COUNTY OF _____ SS:
Subscribed and sworn before me this _____ day of _____, 20____

Notary Signature	Commissioner's Expiration Date
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TRAIN THE TRAINER CERTIFICATION - TO BE COMPLETED BY CERTIFIED TRAINER

Location of Train the Trainer Training	ATC Certified Trainer Name	Trainer No.
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Completed application must be mailed and received by certified trainer or Excise office no later than 7 days before class.



CERTIFICATION OF THIRD PARTY TRAINING PROVIDER

State Form 51188 (12-02)

INSTRUCTIONS:

1. Type or print legibly.
2. Complete all sections.
3. Attach this to your Trainer Application.
4. If you are employed by more than one training provider, please complete a separate form for each.
5. If you change employers, you must complete a new form and mail it to the ATC.

STEP 1. GENERAL INFORMATION	
Training Provider	
Federal Tax ID number	Indiana Dept. of Revenue Tax ID Number
Address of Training Provider	
STEP 2. CERTIFICATION	
Pursuant to 905 IAC 1-12.5-7(a)(2), prior to acting as a certified trainer, a person shall be employed or retained by a training provider or in-house training provider. I affirm under penalties of perjury that all information provided on this form is true & correct.	
Applicant's Signature	Date
Applicant's Printed Name	

Indiana Alcohol & Tobacco Commission 302 W. Washington St., Room E-114 Indianapolis, IN 46204