



**STATE OF TENNESSEE  
ALCOHOLIC BEVERAGE COMMISSION**



Davy Crockett Tower  
500 James Robertson Parkway, 3<sup>rd</sup> Floor  
Nashville, TN 37243  
615-741-1602

[www.tn.gov/abc](http://www.tn.gov/abc)

One Commerce Square  
40 South Main Street  
4th Floor, Suite 415  
Memphis TN 38103  
901-543-7284

4420 Whittle Springs Road  
Knoxville, TN 37917  
865-594-6342

540 McCallie Avenue, Suite 341  
Chattanooga, TN 37402-2055  
423-634-6434

**CERTIFIED TRAINER QUESTIONNAIRE**

This document must be submitted by all trainers and/or instructors wishing to conduct alcohol awareness training programs for liquor-by-the-drink servers in Tennessee. **This form must be notarized and returned with your \$150.00 initial certification or \$100.00 renewal fee.**

(Type or Print)

DATE \_\_\_\_\_ 20 \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Mailing address of Applicant \_\_\_\_\_

CITY STATE ZIP COUNTY

Home Address if different \_\_\_\_\_

CITY STATE ZIP COUNTY

Email Address: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Male  Female  Race \_\_\_\_\_

Social Security No \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Name of Training Program \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Alternate Number) \_\_\_\_\_

Job Title and/or Office Held \_\_\_\_\_

1. List employment for past five years:

Business Name	Address/City/State/Zip/Phone	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. If self-employed, state when and where, and type of business. \_\_\_\_\_

3. Have you ever been licensed by the Tennessee Alcoholic Beverage Commission? \_\_\_\_\_ If yes, provide the business name and address of the licensee. \_\_\_\_\_

4. Provide the name and address of any relative employed by the Tennessee Alcoholic Beverage Commission.  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you a United States Citizen? Yes  No  All applicants must complete form AB-0116 - Declaration of Citizenship.  
If naturalized, set forth the date, place, and court. \_\_\_\_\_

6. Provide a summary of your education/degree(s), and your experience/background in the training area.  
\_\_\_\_\_

7. Furnish full name, nickname or any other names by which you are or have been known.  
\_\_\_\_\_

8. Do you agree to the following conditions?
- a. I will notify TABC-Nashville of the date, time, and exact location of my training class at least seven (7) days in advance of the scheduled date. \_\_\_\_\_ (Initial)
  - b. I agree to promptly and immediately forward all examinations to the individual/entity grading such tests. \_\_\_\_\_ (Initial)
  - c. I agree to promptly and immediately forward the results of such class sessions to TABC-Nashville along with required \$15.00 certification fee per individual within twenty-one (21) days of the training date. \_\_\_\_\_ (Initial)
  - d. I will immediately notify TABC-Nashville of any changes in the date, time, or exact location of any scheduled training classes. \_\_\_\_\_ (Initial)
  - e. I will immediately notify TABC-Nashville of any class cancellations. \_\_\_\_\_ (Initial)

9. Have you or any person employed by you ever been convicted of any criminal offense other than minor traffic violations?  
\_\_\_\_\_

If the answer is "yes", provide the following: name, date, place, charge and disposition  
\_\_\_\_\_  
\_\_\_\_\_

10. Give the names and addresses of three references.

Name: _____	Address: _____
Name: _____	Address: _____
Name: _____	Address: _____

**WARNING:** "YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING OR INCOMPLETE INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW"

\* "THE ACCEPTANCE OF FEES DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT" \*

Application authorized by \_\_\_\_\_  
Print Name, Applicant  
\_\_\_\_\_  
SIGNATURE, Applicant

-----  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

My Commission Expires \_\_\_\_\_ Notary Public \_\_\_\_\_

**For TABC Validation ONLY**

The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other non-merit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.

FOR ADDITIONAL INFORMATION:

Contact the agency ADA Coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available on request.