



TEXAS ALCOHOLIC BEVERAGE COMMISSION CERTIFICATE REPRINT REQUEST

REPRINT REASON	OFFICIAL USE ONLY
<input type="checkbox"/> Lost or Misplaced	Register No.: _____
<input type="checkbox"/> Name Misspelled	Trainer File Number: _____
<input type="checkbox"/> Incorrect Social Security Number	
<input type="checkbox"/> Incorrect Date of Birth	Amount: \$5.00
<input type="checkbox"/> Name Change	

**PRINT OR TYPE ALL RESPONSES
READ INSTRUCTIONS FIRST**

TO BE COMPLETED BY TABC OFFICIAL:

Trainer Name: _____ (For Headquarters Use Only) School-Program Number: _____ - _____

Date Conducted: _____ Time Conducted: _____ AM PM

Certificate No.: _____

TO BE COMPLETED BY TRAINEE:

1. (a) Trainee's Name: _____
Last First MI

(b) Name appearing on original certificate, if different from above:

Last First MI

2. (a) Trainee's SSN: _____ (b) Trainee's DOB: _____

(c) Social Security Number on original certificate if different from above: _____

3. (a) School/or Trainer Name: _____

(b) Date of Class: _____

4. Mail Reprint to: _____
Name

Street Address or Post Office Box

City State Zip Code

(_____) _____ - _____
Phone Number

(COMPLETE REVERSE SIDE)



TEXAS ALCOHOLIC BEVERAGE COMMISSION CERTIFICATE REPRINT REQUEST

I, the undersigned, affirm that the information on the reverse side of this document is true and correct and do by my signature, authorize the Texas Alcoholic Beverage Commission to mail the requested certificate to the address specified.

PRINTED NAME OF TRAINEE

SIGNATURE OF TRAINEE

Ascribed before me on this day, the _____ day of _____, _____.

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

FOR OFFICIAL USE ONLY Identification of Trainee

Trainee's Driver's License Number

TABC Official

INSTRUCTIONS

1. Place an "X" in the appropriate Reprint Reason box.
2. Print or type the requested information.
3. This form must be signed by the trainee and the affirmation must be executed before a notary and bear that notary's acknowledgement and seal. **This is a requirement to insure privacy of information and insure the person requesting the reprint is the actual trainee.**
4. The \$5.00 processing fee must be made payable to TEXAS ALCOHOLIC BEVERAGE COMMISSION.
5. **Mail form, fee and self-addressed stamped envelope to:**

**ATTENTION: SELLER-SERVER TRAINING CERTIFICATION
TEXAS ALCOHOLIC BEVERAGE COMMISSION
P O Box 13127
AUSTIN TX 78711**