

Application for Seller Training Certification

1.	1. Legal name of owner (sole owner or partners, first name, middle initial and last name; corporation or other name)				
2.	Mailing address (street and number, P.O. Box or rural route and box number)				
	City	State	ZIP code	County	
3.	If you are a sole owner, enter your home address if it is different from above. (street and	d number)			
	City	State	ZIP code		
За	. Enter the daytime phone number of the person primarily responsible for the seller training program	(_)		
4	. Enter your Federal Employer Identification Number (FEIN), if any assigned by the United States Internal Revenue Service				
5	5. Enter your taxpayer number for reporting any Texas tax if you now have or have ever had one				
6	. Enter your Texas vendor identification number (VIN) if you now have you current on your state taxes?	nave or have ever had one NO			
7	7. Indicate business type: Sole owner Partnership Texas corporation Limited partnership Foreign corporation Other (explain)				
8	. If a Texas Corporation, enter the charter number and date	Charter number		ate (month, day, year)	
9	. If a Foreign Corporation, enter home state, charter number, Texa	as Certificate of Authority number, ar Texas Certificate of Authority num		Pate (month, day, year)	
10	Home state Identification number D. If a limited partnership, enter the home state and identification number				
	If you have more than one business (i.e., more than one taxpayer equested in Items 4 through 10 for your other business(es).	er number or FEIN), please attach a	dditional sheets to provid	le the information	
11	List all general partners or principal officers of your business. If you are a sole owner, skip Item 11. (Attach additional sheets, if necessary.) Name (first, middle, last)				
	FEIN Title	Pho	ne (area code and number)		
	Home address (street and number, city, state, ZIP code))		
	Name (first, middle, last)				
	FEIN Title Home address (street and number, city, state, ZIP code)	Pho	ne (area code and number)		
	Name (first, middle, last)			I	
	FEIN Title Home address (street and number, city, state, ZIP code)	Pho	ne (area code and number)		

Application for Seller Training Certification (Continued)

· · · · · · · · · · · · · · · · · · ·	·	,				
12. Trade name of your business						
13. Location of your business (Use street and number or directions — NO	T PO Pay or rural route number)					
13. Education of your business (ose street and number of directions — NO	T F.O. Box of rural route number.)					
City	State	ZIP code	County			
Business phone (area code and number)						
14. The applicant understands and agrees to:						
	asses in facilities that meet the requirements in the Americans with Disabilities Act. to the Comptroller of Public Accounts any proposed training sessions at least five business days prior to the date training classes					
will be conducted.						
 Notify the Comptroller of Public Accounts (800) 531-5441, ext. 6-5946, or (512) 936-5 	s prior to the actual training	session date by calling				
d. Instruct the program as submitted and approved by the Comptroller of Public Accounts.						
 e. Allow access to all schools and training sessions to a representative of the Comptroller of Public Accounts. f. Submit to the Comptroller of Public Accounts for prior approval any program changes or modifications. 						
15. Applicant understands that the Seller Training Certification may be revoked for violation of any State or Federal law.						
16. Attach your curriculum (list of items from rule)	•	-				
tions, if applicable. Please enclose an estimate	sent each component of the					
comply with the standards and requirements for seller training in the Comptroller's Administrative Rule 3.1203.						
17. Please indicate the amount of the fee you inter	nd to charge class participants	\$_				
Have you or your company ever been certified by the State of Texas to provide seller training related to tobacco laws?						
	f "YES," for what reason are you submitting an application again at this time?					
The sole owner, all general partners, corporation president, vice-president, secretary or treasurer, or an authorized						
representative must sign this application. Representative must submit a written power of attorney with application.						
(Altach additional sheets, if necessary.)						
Type or print name and title of sole owner, partner or officer	Sole c	wner, partner or officer				
1	sign here		1			
Type or print name and title of partner or officer	Partne sign \	er or officer				
	here					
Type or print name and title of partner or officer		er or officer				
	sign sign					
WARNING. You may be required to obtain an additional permit or license from the State of Texas or from a local governmental entity to						
conduct business. A listing of links relating to acquiring licenses, permits, and registrations from the State of Texas is available online at http://www.Texas.gov. You may also want to contact the municipality and county in which you will conduct business to determine any						
at http://www.lexas.gov. You may also want to c local governmental requirements.	отась те типсіранту апо coun	ty iii wilich you will conduc	a business to determine any			
Complete and mail	this application to: Comptroller of	Public Accounts				
	P.O. Box 1201	0				

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone numbers listed on this form.

Austin, TX 78711-2010