



City of Stanford, Certified Alcohol Server Training List

Note: all columns must be completed for licensing or renewals or it will be returned to you as incomplete.

Business Name: _____ Premise Address: _____

ID	Hire Date	Employee's Full Name (Last Name, First Name)	Date of Birth	Course name	Class Date	Expiration Date	Student ID #
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							

I certify that the above list of employees have completed a server training course that meets the requirements of CSO 410.2 Article XII. 2.5-141. (*Recertification is required not less than once every three (3) years thereafter). Attach additional sheets if needed.

Printed Name: _____ Signature: _____

Title: _____ Date: _____

Contact Number: _____ ***(This form must be signed or it will be returned as incomplete).*