

**NORTH CAROLINA  
ALCOHOLIC BEVERAGE CONTROL COMMISSION  
4307 MAIL SERVICE CENTER  
RALEIGH NC 27699-4307  
(919) 779-0700 FAX: (919) 662-3583**

**PROOF OF ALCOHOL  
SELLER/SERVER TRAINING**

IMPORTANT: The Applicant will complete SECTION A, below. *SECTION B, below is to be completed by the training provider.* **NOTE: If you provide other proof of training (i.e., certificate of training, transcript or other documentation), attach it to this form.** Failure to provide Proof of Alcohol Seller/Server training will prevent you from obtaining a TEMPORARY ABC permit.

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**SECTION A - APPLICANT TO COMPLETE**

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

**Trade Name of Business** \_\_\_\_\_

**Address of Business** \_\_\_\_\_

**City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_

**Phone Number (\_\_\_\_)** \_\_\_\_\_

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**SECTION B – TRAINING PROVIDER TO COMPLETE**

I certify that the above named applicant has completed an Alcohol Seller/Server training class. Basic information covered in the class included: acceptable forms of identification in North Carolina, preventing underage sales, signs of intoxicated patrons, preventing sales to intoxicated patrons, dram shop liability and hours of sale.

**Name of Instructor (print)** \_\_\_\_\_

**Company/Agency of Course Provider** \_\_\_\_\_

**Address of Business** \_\_\_\_\_

**City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_

**Phone Number (\_\_\_\_)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date of Training:** \_\_\_\_\_