LEGIBLY PRINT your name as you would like it to appear on your training certificate! You **MUST** provide a date of birth in order to receive a certificate!!!!

Let's Control It

City: _____ Trainer: _____

Date: _____ Co-trainer: _____

Return Address: _____

Please mail a copy of all sign-in sheets and scan tron answer sheets to: DOR-Liquor Control, Attn: Education Unit, PO Box 1712, Helena, MT 59624

Course Sign-In Sheet

First Name: Date of Birth: / /

Last Name: Employer Name: _____

Establishment Type: ☐Liquor Store ☐Bar ☐Convenience Store ☐Grocery Store ☐Restaurant ☐Casino **Position**: ☐Owner ☐Manager ☐Bartender ☐Bouncer☐Server ☐Clerk

First Name: Date of Birth: / /

Last Name: Employer Name: _____

Establishment Type: ☐Liquor Store ☐Bar ☐Convenience Store ☐Grocery Store ☐Restaurant ☐Casino **Position**: ☐Owner ☐Manager ☐Bartender ☐Bouncer☐Server ☐Clerk

First Name: Date of Birth: / /

Last Name: Employer Name: _____

Establishment Type: ☐Liquor Store ☐Bar ☐Convenience Store ☐Grocery Store ☐Restaurant ☐Casino **Position**: ☐Owner ☐Manager ☐Bartender ☐Bouncer☐Server ☐Clerk

First Name: Date of Birth: / /

Last Name: Employer Name: _____

Establishment Type: ☐Liquor Store ☐Bar ☐Convenience Store ☐Grocery Store ☐Restaurant ☐Casino **Position**: ☐Owner ☐Manager ☐Bartender ☐Bouncer☐Server ☐Clerk

First Name: Date of Birth: / /

Last Name: Employer Name: _____

Establishment Type: ☐Liquor Store ☐Bar ☐Convenience Store ☐Grocery Store ☐Restaurant ☐Casino **Position**: ☐Owner ☐Manager ☐Bartender ☐Bouncer☐Server ☐Clerk