

SELLER TRAINING ROSTER

Vendor name			
Instructor name			
Session date	Session time	Presentation time <i>(Tobacco only)</i>	
Session location (Street address)	City	County	State

The individuals whose names appear below have attended and completed a Seller Training Program approved by the Comptroller of Public Accounts:

DRIVER'S LICENSE NUMBER	STATE	NAME <i>(Last, first, middle initial)</i>	DATE OF BIRTH <i>(Month, day, year)</i>
1.			
2.			
3.			
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30.			

SELLER TRAINING ROSTER *(Continued)*

DRIVER'S LICENSE NUMBER	STATE	NAME <i>(Last, first, middle initial)</i>	DATE OF BIRTH <i>(Month, day, year)</i>
31.			
32.			
33.			
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Instructor's signature 	Date
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INSTRUCTIONS

Use this form to provide the Comptroller of Public Accounts with the requested information for each seller training session you conduct.

Complete the session identification block at the top of the roster:

- Vendor name (as certified by the Comptroller to conduct seller training);
- Instructor name (person who conducted the training session);
- Session date (date the training session was conducted);
- Session time (starting time for the training session);
- Presentation time (length of time to conduct approved curriculum during the session);
- Session location (address where the training session was conducted).

Enter the following information for each individual who completes the training session listed at the top of the form:

- Driver's license number;
- State (abbreviation for state from which driver's license is issued);
- Name (Last, first, middle initial);
- Date of birth.

Sign the roster.

Include data from this session in your monthly Seller Training Report (Form 69-205).

Submit completed roster(s) with your Seller Training Report for the period to:

Comptroller of Public Accounts
P.O. Box 12010
Austin, TX 78711-2010