



City of Raceland, 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 _____

Table with 8 columns: ID, Hire Date, Employee's Full Name (Last Name, First Name), Date of Birth, Course name, Class Date, Expiration Date, Student ID #. Rows 1-40.

I certify that the above list of employees have completed a server training course that meets the requirements of CRO 122.09. (*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).