

# RESPONSIBLE BEVERAGE SERVICE TRAINING PROVIDER APPLICATION

Submit completed application and support material (indexed and labeled in detail) to the Department of Alcoholic Beverage Control, RBS Training Provider Program, 3927 Lennane Drive, Suite 100, Sacramento, California 95834

Support material includes, but is not limited to:

- Course Outline that identifies the page number where each curriculum standard is located. (For DVD's, Power Point, etc. list specific reference, i.e., Scene number, Slide number, etc.)
- Instruction Curriculum
- Classroom Materials (including workbooks, DVD/videos, electronic presentations, examinations, handouts, etc.)
- Completed Form ABC-802, Responsible Beverage Service Training Provider Summary, and supporting documents
- Signed Authorization (On business letterhead authorizing the Department and the RBS Advisory Board to retain and utilize copyrighted material in order to review and evaluate applicant's program for certification and future renewing of certification.)

A preliminary review of the application and support materials will be made, and if the program, as presented, meets the training level standards, a provisional approval will be given.

Upon a provisional approval, the RBS Project Coordinator will contact the Provider Applicant for an on-site review of the training program. After the on-site review, a full summary report will be submitted to the RBS Advisory Board for a final evaluation of the complete training program. Training programs passing the final evaluation will receive Certification.

*Please note: Support material will not be returned to applicant. The Department will retain and store the material for program reference.*

APPLICATION TYPE

- Original  
 Program Change  
 Renewal

PROVIDER NAME (If individual: First Middle Last)

BUSINESS PHONE NUMBER

PROGRAM NAME

FAX NUMBER

BUSINESS ADDRESS (Street number and name, city, state, zip code)

COUNTY WHERE BUSINESS IS LOCATED

EMAIL ADDRESS

MAILING ADDRESS (Street number and name, city, state, zip code)

CONTACT NAME (First Middle Last)

PHONE NUMBER

EMAIL ADDRESS

FAX NUMBER

APPLICATION ENTITY

- Individual  
 Partnership  
 Corporation  
 Trade Association  
 Other: \_\_\_\_\_

GEOGRAPHICAL AREA SERVED

- National  
 Statewide  
 Regional  
 County-wide: \_\_\_\_\_  
 City-wide: \_\_\_\_\_

BUSINESS TYPE(S) TO RECEIVE TRAINING

- Bar                       Liquor Store  
 Restaurant               Supermarket  
 Convenience Store       Winery

- County Fair  
 Street Scene  
 Special Events

TRAINING LEVEL

- Level One (Basic Awareness)  
 Level Two (Professional Server)  
 Level Three (Manager)

PROGRAM WILL BE GIVEN TO (check ALL that apply)

- Internal Only  
 On-Sale Licensed Premises Employees  
 Off-Sale Licensed Premises Employees

PERSON SUBMITTING APPLICATION (First Middle Last)

PROGRAM HAS BEEN IN EXISTENCE FOR (Years and/or months)

SIGNATURE

DATE SIGNED