

**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**

<https://www.abc.nc.gov/education-community-outreach>

**INSTRUCTIONS:** Proof of Alcohol Seller/Server training is a requirement prior to obtaining an ABC permit.

**Section A** is to be completed by the applicant.

**Section B** is to be completed by an ABC Commission approved alcohol education training provider/vendor.  
*Note: Attaching the completed certificate of training in lieu of a training provider **signature** is acceptable.*

For **FREE** face-to-face alcohol education training, **Responsible Alcohol Seller/Server Programs (RASP)**, go to <https://abc.nc.gov/Education/RASP>.

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**SECTION A - APPLICANT TO COMPLETE (print)**

**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 (print)**

I certify that the above named applicant has completed an ABC Commission approved alcohol education seller/server training class. Basic information covered in the class included: acceptable forms of identification, preventing underage sales, signs of intoxicated patrons, preventing sales to intoxicated patrons, dram shop liability and hours of sale.

**Name of Instructor** \_\_\_\_\_

**Assigned Commission Vendor Number** \_\_\_\_\_

**Course/Vendor Name** \_\_\_\_\_

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

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

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

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