



# Application for Seller Training Certification

1. Legal name of owner <i>(sole owner or partners, first name, middle initial and last name; corporation or other name)</i>			
2. Mailing address <i>(street and number, P.O. Box or rural route and box number)</i>			
City	State	ZIP code	County
3. If you are a sole owner, enter your home address if it is different from above. <i>(street and number)</i>			
City	State	ZIP code	
3a. Enter the daytime phone number of the person primarily responsible for the seller training program..... (    )    -			
4. Enter your Federal Employer Identification Number (FEIN), if any, assigned by the United States Internal Revenue Service. ....			
5. Enter your taxpayer number for reporting any Texas tax if you now have or have ever had one. ....			
6. Enter your Texas vendor identification number (VIN) if you now have or have ever had one.....			
Are you current on your state taxes? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO			
7. Indicate business type: <input type="checkbox"/> Sole owner <input type="checkbox"/> Partnership <input type="checkbox"/> Texas corporation <input type="checkbox"/> Limited partnership			
<input type="checkbox"/> Foreign corporation <input type="checkbox"/> Other (explain) _____			
8. If a Texas Corporation, enter the charter number and date..... Charter number    Date (month, day, year)			
9. If a Foreign Corporation, enter home state, charter number, Texas Certificate of Authority number, and date.			
Home state	Charter number	Texas Certificate of Authority number	Date (month, day, year)
10. If a limited partnership, enter the home state and identification number..... Home state    Identification number			
<i>If you have more than one business (i.e., more than one taxpayer number or FEIN), please attach additional sheets to provide the information requested in Items 4 through 10 for your other business(es).</i>			
11. List all general partners or principal officers of your business. If you are a sole owner, skip Item 11. <i>(Attach additional sheets, if necessary.)</i>			
Name (first, middle, last)			
FEIN    Title    Phone (area code and number)			
Home address <i>(street and number, city, state, ZIP code)</i>			
Name (first, middle, last)			
FEIN    Title    Phone (area code and number)			
Home address <i>(street and number, city, state, ZIP code)</i>			
Name (first, middle, last)			
FEIN    Title    Phone (area code and number)			
Home address <i>(street and number, city, state, ZIP code)</i>			



# Application for Seller Training Certification (Continued)

12. Trade name of your business \_\_\_\_\_

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13. Location of your business (Use street and number or directions — NOT P.O. Box or rural route number.)

City	State	ZIP code	County
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Business phone (area code and number) \_\_\_\_\_

14. The applicant understands and agrees to:
- a. Hold classes in facilities that meet the requirements in the Americans with Disabilities Act.
  - b. Report to the Comptroller of Public Accounts any proposed training sessions at least five business days prior to the date training classes will be conducted.
  - c. Notify the Comptroller of Public Accounts of any training class cancellations prior to the actual training session date by calling (800) 531-5441, ext. 6-5946, or (512) 936-5946.
  - d. Instruct the program as submitted and approved by the Comptroller of Public Accounts.
  - e. Allow access to all schools and training sessions to a representative of the Comptroller of Public Accounts.
  - f. Submit to the Comptroller of Public Accounts for prior approval any program changes or modifications.
15. Applicant understands that the Seller Training Certification may be revoked for violation of any State or Federal law.
16. Attach your curriculum (list of items from rule) for the Seller Training course, and include any written materials, video or audio presentations, if applicable. Please enclose an estimate of how much time it will take to present each component of the course. Curriculum must comply with the standards and requirements for seller training in the Comptroller's Administrative Rule 3.1203.
17. Please indicate the amount of the fee you intend to charge class participants..... \$ \_\_\_\_\_

18. Have you or your company ever been certified by the State of Texas to provide seller training related to cigarette, e-cigarette or tobacco laws? .....  YES  NO

If "YES," for what reason are you submitting an application again at this time? \_\_\_\_\_

19. The sole owner, all general partners, corporation president, vice-president, secretary or treasurer, or an authorized representative must sign this application. Representative must submit a written power of attorney with application. (Attach additional sheets, if necessary.)

Date of application (month, day, year) | | | | |

Type or print name and title of sole owner, partner or officer	<b>sign here</b> ▶	Sole owner, partner or officer
_____		_____
Type or print name and title of partner or officer	<b>sign here</b> ▶	Partner or officer
_____		_____
Type or print name and title of partner or officer	<b>sign here</b> ▶	Partner or officer
_____		_____

**WARNING. You may be required to obtain an additional permit or license from the State of Texas or from a local governmental entity to conduct business. A listing of links relating to acquiring licenses, permits, and registrations from the State of Texas is available online at <http://www.Texas.gov>. You may also want to contact the municipality and county in which you will conduct business to determine any local governmental requirements.**

Complete and mail this application to: Comptroller of Public Accounts  
P.O. Box 12010  
Austin, TX 78711-2010

*You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone numbers listed on this form.*