

State of Rhode Island and Providence Plantations DEPARTMENT OF BUSINESS REGULATION 1511 Pontiac Avenue, Bldg. 69-1 Cranston, Rhode Island 02920

Division of Commercial Licensing Liquor Section

APPLICATION FOR THE CERTIFICATION OF ALCOHOL SERVER TRAINING PROGRAMS

Part I. Application Information.

	Business Structure: ☐ Individual	☐ Corporation	☐ Partnership	□ LLC
Date: _				
Name o	of Applicant:			
Name o	of the Contact Person:			
Busines	ss Address:			
City: _	State:		_ Zip Code:	
Mailing	g Address:			
City: _	State:		_ Zip Code:	
Phone 1	Number:			
Email A	Address:			
If appli	cable State of Incorporation/Organization	n:		
Date of	Incorporation/Organization:			

Tel: 401-462-9510 Fax: 401-462-9645 TTY: 711 Web Site: www.dbr.ri.gov



State of Rhode Island and Providence Plantations DEPARTMENT OF BUSINESS REGULATION 1511 Pontiac Avenue, Bldg. 69-1 Cranston, Rhode Island 02920

Division of Commercial Licensing Liquor Section

Part II. Program Checklist. The application must include the following:

☐ Copy of the proposed curriculum.		
☐ Copy of all audio, video, and instructional materials to be used in the program.		
☐ Copy of all printed materials that will be disseminated to program participants.		
☐ Copy of the written examination material to be administered in the program with answer key.		
☐ Written description of testing and grading procedures and methods for safeguarding test integrity in accordance with § 1.4.43 (H) of liquor regulation 230-RICR-30-10-1		
☐ Sample of server permit in accordance with § 1.4.43 (I) of liquor regulation 230-RICR-30-10-1 awarded to the participant upon successful completion of the program.		
☐ For web-based training programs, description of safeguards to verify participant identity.		
☐ For web-based training programs, login permission with passcode for the Department's review.		
☐ Index identifying where the required program elements can be found in your application materials in compliance with § 1.4.43 (G) of liquor regulation 230-RICR-30-10-1.		
http://webserver.rilin.state.ri.us/Statutes/title3/3-7/3-7-6.1.HTM		
Please list any other states you are certified in:		
Has any other state taken action against your certification? ☐Yes ☐No		
If you've answered "Yes", please provide written explanation.		
Please submit this application with all the required documents to:		
Donna Costantino, Associate Director Commercial Licensing Department of Business Regulation 1511 Pontiac Avenue, Bldg. 69-1 Cranston, RI 02920		

Tel: 401-462-9510 Fax: 401-462-9645 TTY: 711 Web Site: www.dbr.ri.gov