

## Alaska Alcoholic Beverage Control Board Alcohol Server Education Course New Education Course Provider Application

Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

This alcohol server education course provider application is required for all people and entities seeking to have an alcohol server education course approved by the Alcoholic Beverage Control (ABC) Board. Prospective applicants should review and understand AS 04.21.025 and 3 AAC 305.700 before applying. The course curriculum must cover the topics listed under 3 AAC 305.700.

This application must be completed and submitted with the following documents and items before any alcohol server.

This application must be completed and submitted with the following documents and items before any alcohol server education course provider application will be considered by the ABC Board:

- A course book is to be provided to all students
- Also any video or audio presentations that will be used in the course
- A copy of the written test that demonstrates that the student understands the course subjects
- Detailed lesson plans
- An alcohol server education course card that is issued to students who complete the course and pass the written test
- The fee for a new server education course provider is \$800. Renewal of a server education course is \$250.

Appl	icant Information	
r information for the business seeking to be an appro	oved alcohol server education course provice	der.
Applicant:		
Course Name:		
Mailing Address:		
City:	State:	ZIP:
Email Address:	Phone:	·
tify the communities where the course will be prese	ented and the frequency of the presentation	on.
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escribe the qualifications of and training provided to course instructors.					
ain how rural pre	mises will be served, a	is required by 3 AAC	305.700.		

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## **Alaska Alcoholic Beverage Control Board Alcohol Server Education Course** Form AB-10: New Education Course Provider Application

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Read the statement below, and then sign	your initials in the box to the right of the statement:	<u>Initials</u>
read the complete application, and I know contained herein, and evidence or other d any falsification or misrepresentation of ar documents to support this application, is s	n named and subscribing to this application and that I have the full content thereof. I declare that all of the information ocuments submitted are true and correct. I understand that my item or response in this application, or any attachment, or sufficient grounds for denying or revoking a license/permit. I demeanor under Alaska Statute 11.56.210 to falsify an forn falsification.	
Printed name of applicant		-

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