

Pre-Registration Information - Tobacco Sales Training

The following information must be filled out (please print legible) and:

1) Fax to (518) 862-9997

2) Bring to the training class. Date of course: _____

To be completed by trainee			
Name of Clerk (Print)		Employee ID Number:	
Clerk Signature:		Telephone Number:	
		Area Code () Number:	
Clerk Address Street or PO Box:	City:	State:	Zip Code:
To be completed by employer			
Legal Name of Business:		DBA Name:	
*FTF Tobacco Retailer ID Number:		Business Phone	
		Area Code () Number:	
Business Address: Street or PO Box:	City:	State:	Zip Code: