



<b>For office use only</b> Date of Approval: _____ Resume: _____ Interview: _____ Seminar: _____
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## TAM® Instructor Application

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street address) (Mailing address if different)  
\_\_\_\_\_  
(City) (State) (ZIP Code)  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Cell: \_\_\_\_\_

Which TAM® program are you interested in?:

- Corporate
- Regional

Applicant must meet ALL of the following requirements:

- High school diploma or GED
- Attended a Techniques of Alcohol Management® seminar within the last three years and passed with a score of 85% or above

Have you ever been convicted of an alcohol-related misdemeanor or felony?

- No
- Yes. Please explain: \_\_\_\_\_

Applicant must meet at least ONE of the following requirements and provide documentation (Please check all applicable boxes):

- Employed by a licensed establishment recognized by your state's Liquor Control Commission/Board
- Law Enforcement Agent
- Independent instructor or consultant
- Employed by a college or university

Please also provide the following:

1. A current résumé
2. Any additional documents supporting your experience/education

By signing below, you are verifying that the information provided in this application is factual to the best of your knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please return completed form to: LBDS® , P.O. Box 2055, Rapid City, SD 57709