

## NOTIFICATION OF CERTIFIED SERVER TRAINING

DATE/TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TRAINER NAME/NUM: \_\_\_\_\_

(X) One  
In-House 3rd Party  
( ) ( )

**YOU MUST SEND THIS FORM TO EITHER:**

**servertraining@atc.in.gov**

OR

INDIANA STATE EXCISE POLICE  
1353 S. GOVERNOR'S DR.  
COLUMBIA CITY, IN 46725

**\*FORM MUST BE RECEIVED AT LEAST 7 DAYS PRIOR TO THE SCHEDULED TRAINING\***

---

## NOTIFICATION OF CERTIFIED SERVER TRAINING

DATE/TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TRAINER NAME/NUM: \_\_\_\_\_

(X) One  
In-House 3rd Party  
( ) ( )

**YOU MUST SEND THIS FORM TO EITHER:**

**servertraining@atc.in.gov**

OR

INDIANA STATE EXCISE POLICE  
1353 S. GOVERNOR'S DR.  
COLUMBIA CITY, IN 46725

**\*FORM MUST BE RECEIVED AT LEAST 7 DAYS PRIOR TO THE SCHEDULED TRAINING\***