



SELLER TRAINING SCHOOL ADMINISTRATION MODIFICATION REQUEST

FORM ST-426 (01/2011)

School Number: _____ - _____ Modification Requested: Program Administrator
 Designated Trainer

NEW PROGRAM ADMINISTRATOR

Name: _____ Email: _____

Ethnic Origin: **W**-White **H**-Hispanic **P**-Asian/Pacific Islander
 B-Black **I**-American Indian/Alaskan **O**-Other _____

Sex: Male Female SSN: _____ DOB: _____ % Of Interest: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ () _____ - _____

Name of person to be deleted as the program administrator:

Name: _____ DOB : _____

Signature of Authorized Administrator

NEW DESIGNATED TRAINER

Name: _____ Email: _____

Ethnic Origin: **W**-White **H**-Hispanic **P**-Asian/Pacific Islander
 B-Black **I**-American Indian/Alaskan **O**-Other _____

Sex: Male Female SSN: _____ DOB: _____ % Of Interest: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ () _____ - _____

Name of person to be deleted as the designated trainer:

Name: _____ DOB : _____

Signature of Authorized Administrator

Before me, the undersigned authority, on this day personally appeared _____
 known to me to be the person(s) whose name(s) is/are signed to the foregoing application and, duly sworn by me, each
 states under oath that he/she has read the said application and that all facts therein set forth are true and correct.

Sworn to before me, this the _____ day of _____ A.D. _____

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

TABC Use Only

CH - Date Entered

/ /

Approved
 Disapproved

Signature