

# **Let's Control It**

ALCOHOL RESPONSIBILITY MATTERS

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## **Responsible Alcohol Sales and Service Training** *Becoming A State Trainer*

The Department of Revenue relies heavily on volunteers to teach the state's responsible alcohol sales and service training program called *Let's Control It*.

### **Qualification Criteria**

Applicants must meet the below listed criteria to be eligible as a trainer: (alternative equivalent experience may be considered and will be evaluated on an individual basis)

- ◆ Must have one (1) year of experience in any combination of the following fields:
  - **Law Enforcement**
  - **Communications/Public Relations**
  - **Health Field:** prevention specialist, counselor, etc.
  - **Instruction:** teacher, professor, trainer, etc.
  - **Community coalition:** DUI Task Force, Youth/Prevention Coalition, Victim/Survivor, etc.
- ◆ Have at least two (2) years of public speaking experience (i.e. teaching classes, presenting lectures, community presentations, educational instruction)
- ◆ Completed high school or GED equivalent
- ◆ Own or have access to a projector or television and a DVD player
- ◆ Own or have access to a computer or laptop
- ◆ Have an e-mail address for communication purposes
- ◆ Have the ability to receive shipments of materials from the department
- ◆ Have access to some form of reliable transportation
- ◆ Be at least 21 years of age
- ◆ Have no liquor related convictions within the last 5 years prior to date of application

Completed applications and supplemental questions should be mailed to the Department of Revenue, Liquor Control Division, Education Unit, P.O. Box 1712, Helena, MT 59624 or e-mailed to [AlcoholServerTraining@mt.gov](mailto:AlcoholServerTraining@mt.gov).

*At any time, upon proof that an applicant made a false statement in any part of the original application or supplemental questions, the application for or the trainer's certification may be revoked at any time.*

**Questions? Call (406) 444-4307**





## STATE TRAINER APPLICATION

Montana Department of Revenue – Liquor Control Division

Please complete all spaces or print N/A in spaces that do not apply

Please type or print clearly in dark ink

Personal Information	
Last Name	First Name
Mailing Address	City, State, Zip
Phone Number	E-mail Address
Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	High school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment History – Please provide at least a 5 year work history	
Current Employer	Dates From – To
Street Address	City, State, Zip
Supervisor	Supervisor Phone Number
Type of work	Reason for leaving
List any public speaking or presentation experience for this position	
Past Employer	Dates From – To
Street Address	City, State, Zip
Supervisor	Supervisor Phone Number
Type of work	Reason for leaving
List any public speaking or presentation experience for this position	
Past Employer	Dates From – To
Street Address	City, State, Zip
Supervisor	Supervisor Phone Number
Type of work	Reason for leaving
List any public speaking or presentation experience for this position	

*If more space is needed please attach an additional sheet as needed*

**Professional References – Please provide 2 references who can confirm your public speaking or presentation experience**

Name	Contact Number	Relationship
Name	Contact Number	Relationship

**Community/Volunteer Work – If more space is needed please attach an additional sheet as needed**

Organization	Dates From – To
City and State	Type of work
Contact Person	Contact Phone Number
Organization	Dates From – To
City and State	Type of work
Contact Person	Contact Phone Number

**Additional Public Speaking Experience – Please list any other relevant speaking/presenting experience**


**Personal History Statement – If more space is needed please attached additional sheets as needed**

List all offenses whether they were dismissed or deferred or if you were convicted.  
False or incomplete information may result in application denial or revocation of trainer certification.

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION AND DATE

- Do you own or have access to a projector for presentations?  Yes  No
- Do you own or have access to a laptop with a DVD player or access to a stand-alone DVD player?  Yes  No
- Do you maintain an e-mail address where you can receive training updates and information?  Yes  No
- Do you have the ability to receive shipments of training materials?  Yes  No
- Do you have access to reliable transportation?  Yes  No

**Declaration**

I declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. In signing this application, I am aware a false statement of material fact, misrepresentations, or omissions of material fact in or with this application may lead to application denial or revocation of trainer certification.

Signature of Applicant	Date
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Montana Department of Revenue – Liquor Control Division

P.O. Box 1712, Helena, MT 59624, (406) 444-4307

-mail: [AlcoholServerTraining@mt.gov](mailto:AlcoholServerTraining@mt.gov)

:/Trainers/Trainers/StateTrainerApplication (Updated 6/3/2013)



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