

## Pre-Registration Information - Tobacco Sales Training

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

1. Email to Amanda@NYSASSRS.com
2. Mail to 1620 Burnet Ave, Syracuse NY 13206
3. Bring to the training class.

<b>To be completed by trainee</b>			
Name of Clerk (Print)		Employee ID Number:	
Clerk Signature:		Telephone Number:	
		Area Code (    ) Number:	
Clerk Address Street or PO Box:	City:	State:	Zip Code:
<b>To be completed by employer</b>			
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:

If mailing please send along with completed answer sheet for post-test. If mailing, mail your payment as well in the same envelope. If emailing please mail payment under separate cover.