



Responsible Beverage Service Training Provider Application Instructions

**STATE OF CALIFORNIA
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

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Responsible Beverage Service Training Provider Application Instructions

Welcome to the California Department of Alcoholic Beverage Control's Alcohol Server Certification and Exam System. Here you will be applying to become an ABC approved RBS training provider. This application will need to be completed by a director or officer of the company interested in becoming a training provider. This document will detail the information required to complete each section of your training provider application.

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Note on Complex Entities and Additional Fees:

The following information is intended for those Training Provider applicants who have business structures that are owned or managed, in whole or in part, by another entity. The RBS application portal does not support the inputting of these ownership structures in their entirety. Information about the stockholding or managing entities must be documented on traditional ABC forms.

What to expect: Once you have submitted your application online it will subsequently be assigned to an RBS Analyst. They will review your application and determine what additional forms are required. You can expect to receive ABC forms that are specific to your entity structure type. Please complete these forms for every level of ownership until you reach individuals OR a publicly traded company on the New York Stock Exchange. Return those forms to your assigned RBS Analyst. The Analyst will then review your full application to determine if additional persons are required to complete a personal affidavit and be fingerprinted.

What if there are additional persons that need to complete a personal affidavit and get fingerprinted that I didn't pay for when I submitted my application online? Once your RBS Analyst determines additional fingerprints are due, they will provide you with the ABC form that each person will need to complete and the dollar amount required for the additional fingerprinting fees. Once you pay the fees in the RBS portal, the RBS Analyst will mail you the Live Scan forms erequired for fingerprinting.

What else will I have to do outside of the RBS portal? Once the forms are returned, and the fingerprint(s) payment is made, we are hopeful that all other processes should be completed through the RBS Portal and/or with your RBS Analyst.

We appreciate your business and hope you find the Training Provider application process efficient. Please contact the RBS Unit at rbstp@abc.ca.gov with any questions that you may have.

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Training Provider Application

- *Application Type*

- Select the type of application you are applying for:
 - **Original:** your initial application, or for any subsequent program that is not a modification of your previous program.
 - Do not select **Modification** or **Renewal**.

To make a modification to your curriculum or entity structure, contact rbstp@abc.ca.gov. The department shall review a modification request for an RBS training course without any additional fees, unless the department determines that the modification constitutes a substantial change.

You can renew your Training Program within 90 days of your expiration date. You can pay your renewal fee by clicking on the Renew Program link in the Program Information box on your dashboard. If your Training Program expires, you have a 60-day grace period from the expiration date to pay the renewal fee to renew your authorization. You will be required to pay an additional 50% penalty fee. If you fail to pay the renewal fee within the grace period, your authorization will be permanently expired. You will need to file a new application to become an approved Training Provider.

- *Application Entity*

- Select the application entity that you will be applying as:
 - **Sole Proprietorship:** A sole proprietorship is the simplest form of business ownership and is most commonly associated with small enterprises. It consists of one individual (natural person), with no partners. This individual derives all the net profit from the operation of the business and assumes all responsibility for the business debts. In California, if a sole proprietorship is formed with a name other than the individual's name (example: John Smiths Fishing Shop), a Fictitious Business Name

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Statement must be filed with the county where the principal place of business is located.

- **General Partnership (GP):** A partnership arises when two or more persons agree to carry on a business for profit. Such agreement may be either expressed (such as through a formal written agreement) or implied (such as through a verbal agreement). The partners are co-owners of the business and have joint control over its operation and the right to share in its profits. A California GP must have two or more persons engaged in a business for profit. Except as otherwise provided by law, all partners are liable jointly and severally for all obligations of the partnership unless agreed by the claimant. Profits are taxed as personal income for the partners.
- **Limited Partnership (LP):** A limited partnership is an entity consisting of one or more general partners and one or more limited partners. Limited partnerships were created to allow investor partners not involved in the operation of a business, to share in the profits or losses of a business commensurate with their financial contributions. They also serve to create limited liability for their limited partners. A California LP may provide limited liability for some partners. There must be at least one general partner that acts as the controlling partner and one limited partner whose liability is generally limited to the amount of control or participation of the limited partner. General partners of an LP have unlimited personal responsibility for the LP's debts and obligation.
- **Limited Liability Company (LLC):** A California LLC generally offers liability protection similar to that of a corporation but is taxed differently. Domestic LLCs may be managed by one or more managers or one or more members. In addition to filing the applicable documents with the Secretary of State, an operating agreement among the members as to the affairs of the LLC and the conduct of its business is required. The LLC does not file the operating agreement with the Secretary of State but maintains it at the office where the LLC's records are kept.

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- **Corporation:** A California corporation generally is a legal entity that exists separately from its owners. While commonly limiting the owners from personal liability, taxes are levied on the corporation as well as on the shareholders. The sale of stocks or bonds can generate additional capital, and the longevity of the corporation can continue past the death of the owners. Legal Counsel should be consulted regarding the variety of options available.
 - **Government Agency:** A California government entity applicant is a training provider applicant that will be offering an RBS training program on behalf of a California city or county agency such as a police department or public health department. If you have questions about whether or not your business qualifies as a government entity, please email rbstp@abc.ca.gov.
- *Background and Experience*
 - Here you will be checking boxes to affirm that you and your application entity meet the minimum qualifications in background and expertise for becoming an ABC approved training provider. The California Code of Regulations Section 168(b)(1) requires Training Provider Applicants to demonstrate that the RBS Training Course was created by persons with a background and experience in the fields of (1) Alcohol Service, (2) Training, (3) Hospitality, and (4) Psychology.
 - Failure to check these boxes means that the application will not be able to be submitted as completed.
 - *Exclusion Provision*
 - The exclusion provision was developed as part of the RBS Exam vendor selection process. The Exam vendor contract identifies that all completed works are to be treated as Department of Alcoholic Beverage Control trade secrets and therefore, neither the exam vendor nor any of its employees can use their knowledge of the Exam to become approved training providers under the Responsible Beverage Service Training Program Act (RBSTPA) or share Exam information with any other approved training provider under the RBSTPA.

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- By checking the box, you are confirming that neither you, nor any member of your company was involved in the research, design, or development of the alcohol server certification exam.
- *Privacy Notification*
 - This notification is to inform applicants of the information presented in the California Information Practices Act, Civil Code Section 1798.17. The Department of Alcoholic Beverage Control is required to furnish information. For further information, please see ABC's Privacy Policy at <https://www.abc.ca.gov/privacy-policy>. No additional action is needed for this section.

Section 1: Training Provider Information

Sole Proprietor Applicant

- *Name Fields:*
 - Enter your name in the Name fields
- *Doing Business As:*
 - Enter Business Name only if you will be identifying business by another name other than the applicant name. This information will be included as part of your businesses listing in the Approved Training Provider Program list once your Training Provider Program is approved.
- *Business Address*
 - Enter your business address where you want to receive physical mail.
- *Mailing Address*
 - Enter your mailing address only if it is different from your Business Address.
- *County, State, Country Where Business is located*

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- For the purposes of due process, please enter the county, state, and country of where your business is located.
- *Business Phone Number*
 - Enter the business phone number that you would like the public to contact. This information will be included in the Approved Training Provider Program list once your Training Provider Program is approved.
- *Business Fax Number*
 - Enter business fax number only if you want ABC to fax information to you.
- *Email Address*
 - Enter the email address you would like the public to contact. This information will be included in the Approved Training Provider Program list once your Training Provider Program is approved.
- *Company Website*
 - Enter your Company website that you would like the public to visit. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.
- *Contact Person*
 - Enter the *Name, Email Address, Phone Number, and Fax Number* for the person you would like contacted regarding this application. Leave this section blank if you, the primary applicant, are the main contact

General Partnership Applicant

If your company is comprised of a layered or complex entity, please email RBSTP@abc.ca.gov for assistance with additional personal affidavits and fingerprinting fees. In the email, provide your company name, application number (created as soon as you submit the application), and your contact information.

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Please use the subject line of “My RBS Training Provider Application has one or more complex entities”.

- *Name Fields*
 - Enter your name in the Name fields. First and Last Name are required fields.
- *Additional General Partnership Table*
 - List all current General Partners and select type as either individual or entity, percentage of ownership, effective date, and email address. Please use a unique email address for each individual as it will be used to provide the link to personal affidavits. For General Partners who are entities please refer to the instructions section for additional information regarding ownership structure
- *Doing Business As:*
 - Enter Business Name only if you will be identifying with a name other than the applicant name. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.
- *Business Address*
 - Enter your business address where you want to receive physical mail.
- *Mailing Address*
 - Enter your mailing address only if it is different from your Business Address
- *County, State, Country Where Business is located*
 - For the purposes of due process, please enter the county, state, and country of where your business is located.
- *Business Phone Number*

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- Enter the business phone number you wish the public call. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.
- *Business Fax Number*
 - Enter business fax number only if you want ABC to fax information to you
- *Email Address*
 - Enter the email address you would like the public to contact. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.
- *Company Website*
 - Enter your Company website which you would like the public to visit. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.
- *Contact Person*
 - Enter the *Name, Email Address, Phone Number, and Fax Number* for the person you would like contacted regarding this application. Leave this section blank if you, the primary applicant, are the main contact.

Limited Liability Company Applicant

If your company is comprised of a layered or complex entity, please email RBSTP@abc.ca.gov for assistance with additional personal affidavits and fingerprinting fees. In the email, provide your company name, application number (created as soon as you submit the application), and your contact information. Please use the subject line of “My RBS Training Provider Application has one or more complex entities”.

- *Limited Liability Company Name*

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- Enter the name of the LLC exactly as it is to appear on the records of the California Secretary of State including the LLC identifier.
- *Doing Business As:*
 - Enter Business Name only if you will be identifying with a name other than the applicant name. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.
- *Business Address*
 - Enter your business address where you want to receive physical mail.
- *Mailing Address*
 - Enter your mailing address only if it is different from you business address
- *County, State, Country Where Business is located*
 - For the purposes of due process, please enter the county, state, and country of where your business is located.
- *Business Phone Number*
 - Enter the business phone number you wish the public call. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.
- *Business Fax Number*
 - Enter business fax number only if you want ABC to fax information to you
- *Email Address*
 - Enter the email address you would like the public to contact. This information will also be included in the Approved Training Provider

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Program list once your Training Provider Program is approved.

- *Company Website*
 - Enter your Company website you would like the public to visit. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.

- *Contact Person*
 - Enter the *Name, Email Address, Phone Number, and Fax Number* for the person you would like contacted regarding this application. Leave this section blank if you, the primary applicant, are the main contact

- *CA Secretary of State Registration*
 - Date LLC-Filed with Secretary of State
 - To form a limited liability company (LLC), you must file the Articles of Organization (Form LLC-1 or LLC-5) with the California Secretary of State. The LLC-1 form is for California Limited Liability Companies. The LLC-5 form is for Out-of-State Limited Liability Companies who wish to do business in California.

- *Proof of Filing*
 - State Where LLC-1 or LLC-5 Filed with Secretary of State
 - Select the state in which the document was filed.
 - An **LLC-5** is used when a domestic limited liability company is formed in another state or country and they wish to carry on business in California.
 - An **LLC-1** is the Articles of Organization form for a new limited liability company.

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- *State Where LLC Formed*
 - Enter the State where the LLC was originally formed (Line 2 of LLC-5).
- *Article of Organization (LLC-2 or LLC-10) Has Been Amended*
 - If any changes were made to the Articles of Organization previously submitted or filed.
- *Operating Agreement Date*
 - Enter the date upon which the operating agreement was entered into among the members of the LLC.
- *Limited Liability Company will be managed by (check one)*
 - If your Limited Liability Company will be managed by a single Manager or multiple Managers, click on the Manager(s) radio button.
 - List the name(s) of all current manager(s) and select type as either individual or entity. If an individual, enter the full name and email address. If an entity, enter the entity name and email address. Please use a unique email address for each individual as it will be used to provide the link to personal affidavits. For manager(s) who are entities please refer to the instructions section for additional information regarding ownership structure.
 - If your Limited Liability Company will be managed by a single Member or multiple Members, click on the Member(s) radio button.
 - List all current Members owning 10% or more and select type as either individual or entity, percentage of ownership, effective date, and email address. Please use a unique email address for each individual as it will be used to provide the link to personal affidavits. For Limited Partners who are entities please refer to the instructions section for additional information regarding ownership structure.

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- *Names of Officers Approved by Article of Agreement*
 - To access the fields in this table, click on +ADD LINE to reveal additional fields *Officer Name* and *Email Address*. Enter information and click on Save. If you have additional persons to add, click on +ADD line and enter the information as many times as necessary.

- *Attestation*
 - Click in the box to attest to statement next to the box. Failure to attest to the statement will prevent this application from being submitted.

- *Supporting Documents*
 - Articles of Organization
 - Click on the UPLOAD FILES button to upload your Articles of Organization document.

 - Operating Agreement
 - Click on the UPLOAD FILES button to upload your Articles of Organization document.

 - Other Supporting Documents
 - Click on the UPLOAD FILES button to upload other supporting documents. Enter a description of the document in the Description of Supporting Document text box.

Corporate Applicant

If your company is comprised of a layered or complex entity, please email RBSTP@abc.ca.gov for assistance with additional personal affidavits and fingerprinting fees. In the email, provide your company name, application number (created as soon as you submit the application), and your contact information. Please use the subject line of “My RBS Training Provider Application has one or more complex entities”.

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- *Name of Corporation*
 - Enter the legal name of your corporation as it is written on your Secretary of State business filing.

- *Doing Business As:*
 - Enter Business Name only if you will be identifying with a name other than the applicant name. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.

- *Business Address*
 - Enter your business address where you want to receive physical mail.

- *Mailing Address*
 - Enter your mailing address only if it is different from you Headquarters Address

- *County, State, Country Where Business is located*

- Enter the name of the county, name of the state, and name of country where the business resides.

- *Business Phone Number*
 - Enter the business phone number you wish the public call. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.

- *Business Fax Number*
 - Enter business fax number only if you want ABC to fax information to you

- *Email Address*

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- Enter the email address you would like the public to contact. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.
- *Company Website*
 - Enter your Company website you would like the public to visit. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.
- *Contact Person*
 - Enter the Name, Email Address, Phone Number and Fax Number for the person you would like contacted regarding this application. Leave this section blank if you, the primary applicant, are the main contact
- *CA Secretary of State Registration*
 - Incorporation Date
 - Enter the date in which you were incorporated by the California Secretary of State
 - State of Incorporation
 - Enter the name of the state that your business is incorporated in.
 - Secretary of State File Number
 - Enter the File Number that the Secretary of State has on file for your business.
- *Proof of Filing*
 - California Corporations must upload proof of registration form SI-350. Out-of-state Corporations must upload proof of registration form S&DC-S/N. Proof of registration must include the Secretary of State File Stamp with the date and assigned File Number.

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- *Officers and Directors*
 - List all current officers and directors of your corporation. Click “Add Line” to add information to the table provided. For each line of the table, enter the Title, Name, and email for each Officer and Director of your corporation.
 - These individuals will be invited to complete personal affidavits.
 - Everyone will need to have their own unique email.
- *Stock Certificates*
 - List all persons or entities holding 10% or more of stock, the stock certificate number, the number of stock shares, percentage of outstanding stock shares, date stock was issued, and persons email address. Please use a unique email address for each individual as it will be used to provide the link to personal affidavits. For entity stockholders please refer to the instructions section for additional information regarding ownership structure.
- *Supporting Corporation Documentation*
 - Upload scanned copies of your articles of incorporation, minutes, and stock certifications and/or ledgers, and other supporting documents. Scanned items need to be in the .pdf file format.
 - Article of Incorporation
 - Upload a copy of your corporation’s articles of incorporation as they are filed with the California Secretary of State.
 - Minutes
 - Upload a copy of your corporation’s most recent minutes.
 - Stock Certificates
 - Upload the stock certificates that represents your ownership in your corporation.

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- Ledgers
 - Upload any stock ledgers showing the issuance and transfer of shares within your corporation.
- Other Supporting Documents
 - Click on the UPLOAD FILES button to upload other supporting documents. Enter a description of the document in the Description of Supporting Document text box.

Limited Partnership Applicant

If your company is comprised of a layered or complex entity, please email RBSTP@abc.ca.gov for assistance with additional personal affidavits and fingerprinting fees. In the email, provide your company name, application number (created as soon as you submit the application), and your contact information. Please use the subject line of “My RBS Training Provider Application has one or more complex entities”.

- *Limited Partnership Name*
 - Enter the name of your business.
- *Doing Business As:*
 - Enter Business Name only if you will be identifying with a name other than the applicant name. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.
- *Headquarters Address*
 - Enter your headquarters address where you want to receive physical mail.
- *Mailing Address*
 - Enter your mailing address only if it is different from you Headquarters Address

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- *County, State, Country Where Business is located*
 - Enter the address where your business resides
- *Business Phone Number*
 - Enter the business phone number you wish the public call. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.
- *Business Fax Number*
 - Enter business fax number only if you want ABC to fax information to you
- *Email Address*
 - Enter the email address you would like the public to contact. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.
- *Company Website*
 - Enter your Company website you would like the public to visit. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.
- *Contact Person*
 - Enter the *Name, Email Address, Phone Number* and *Fax Number* for the person you would like contacted regarding this application. Leave this section blank if you, the primary applicant, are the main contact

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- *CA Secretary of State Registration*
 - Date LP-1 or LP-5 Filed with Secretary of State
 - Enter the date in which you filed your documents with the Secretary of State.
- *Proof of Filing*
 - Upload the LP-1 or LP-5 that your Limited Partnership filed with the Secretary of State.
- *Limited Partnership Agreement and/or Certification Has Been Amended*
 - If your Limited Partnership Agreement has been amended mark yes. If it has not been amended, mark no. If marked yes, enter the most recent date in which your Partnership Agreement has been amended.
- *General Partners*
 - List all current General Partners and select type as either individual or entity, percentage of ownership, effective date, and email address. Please use a unique email address for each individual as it will be used to provide the link to personal affidavits. For General Partners who are entities please refer to the instructions section for additional information regarding ownership structure.
- *Limited Partners*
 - List all current Limited Partners holding 10% or more of stock and select type as either individual or entity, percentage of ownership, effective date, and email address. Please use a unique email address for each individual as it will be used to provide the link to personal affidavits. For Limited Partners who are entities please refer to the instructions section for additional information regarding ownership structure.
- *Attestation*
 - Click in the box to attest to statement next to the box. Failure to attest

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to the statement will prevent this application from being submitted.

- *Supporting Partnership Documentation*
 - Certificate of Partnership
 - Click on the UPLOAD FILES button to upload a copy of your Certificate of Partnership.
 - Limited Partnership Agreement
 - Click on the UPLOAD FILES button to upload a copy of your Limited Partnership Agreement.
 - Other Supporting Documents
 - Click on the UPLOAD FILES button to upload other supporting documents. Enter a description of the document in the Description of Supporting Document text box.

Government Agency Applicant

- *Department or Agency Name Fields:*
 - Enter the Agency Name in the Department or Agency Name in the required field.
- *Area of Jurisdiction (select all that apply):*
 - Select all the areas of jurisdiction that apply from the drop-down list: City, County.
- *Type of Government Agency*
 - Enter the type of Government Agency you are applying as.
- *Agency/Department Address*
 - Enter your Headquarters Address.

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- *Mailing Address*
 - Enter your mailing address only if it is different from your Business Address.

- *County, State, Country Where Department or Agency is located*
 - For the purposes of due process, please enter the county, state, and country of where your Agency is located.

- *Agency/Depart Phone Number*
 - Enter the business phone number that you would like the public to contact. This information will be included in the Approved Training Provider Program list once your Training Provider Program is approved.

- *Business Fax Number*
 - Enter business fax number only if you want ABC to fax information to you.

- *Email Address*
 - Enter the email address you would like the public to contact. This information will be included in the Approved Training Provider Program list once your Training Provider Program is approved.

- *Company Website*
 - Enter your agency or department's website that you would like the public to visit. This information will also be included in the Approved Training Provider Program list once your Training Provider Program is approved.

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- *Program Developer*
 - Enter the Name and Position/Title for the person who developed the Training Provider Program.

- *Program Coordinator(s)*
 - List all current program coordinators or the person responsible for your agencies RBS Program. Enter their name, position/title, email address, and select type as either individual or entity. Please use a unique email address for each individual as it will be used to provide the link to personal affidavits.

- *Contact Person*
 - Enter the *Name, Email Address, Phone Number* and *Fax Number* for the person you would like contacted regarding this application.

- *Supporting Documentation*
 - Click on the UPLOAD FILES button to upload Agency Approval Letter.

Section 2: Training Provider Personal Affidavit

- *Personal Information*
 - Here you will need to complete a personal affidavit form for yourself.
 - Additionally, each owner, officer, or managing member of the organization that owns 10% or more of the company will need to be invited to complete and return a personal affidavit prior to the submission of the application. Each personal affidavit will have a fingerprint fee of \$63.00 added to the total cost of the application.
 - When entering an email for each additional personal affidavit form, be sure to only use one email per person. If you are the primary account holder, make sure to use

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the email you registered with when completing section 2.

- Multiple email address for one person may result in additional non-refundable fingerprinting fees.
- Government Agency applicants will need to complete a personal affidavit for each Program Coordinator or person responsible for your agencies RBS Program.

Section 3: Training Program Information

- *Geographical Locations Intended for Training*
 - For the geographical location of your training, please select statewide, county, or online.
- *Certifications/Affiliation*
 - List any training or job certifications you currently hold, as well as any vocational or professional affiliations.
- *Course Type*
 - Select your Course type from the following;
 - In Person: In Person instruction and Training Provided
 - On-Line: Training conducted solely online
 - In-House (Non-Public): In Person Private Training restricted to employees of a licensee. Not open for public to take course.
- *Course Name, Language, and Cost:*
 - Enter the name of the course
 - Enter the language the course will be presented in
 - Enter the estimated cost per student
- *Course Originality*
- Select your Course originality from the following;
 - Original

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- Not Original
- *Methodology for Evaluation of Competency*
 - Describe how you evaluate your learners progress
- *Teaching Style*
 - Describe your course, is it lecture based? Discussion based?

Section 4: Training Program Materials

Please attach electronic copies of all course materials and student take-home materials, including but not limited to audio/video files, PowerPoint presentations, copy of training program, instructor guide, student guide, etc. The maximum file size allowed is 16MB for each document and 512MB for each video.

Type of File	Consisting of	How your File should be named
Video	Course Presentation	CoursePresentationVideo.mp4
Audio	Impact of Alcohol on Body Audio	ImpactOfAlcoholOnBodyAudio.mp3
Word Document	Script of Presentation	PresentationScript.docx
Excel Document	Trainers Guide	TrainersGuide.xlsx
PDF	Online Course Slides	SlidesOfOnlineTrainingCourse.pdf
PowerPoint	State Laws and Regulations	StateLawsAndRegulations.ppt

When naming your files, please make sure you use a simple file naming format.
(ex: Student Guide 1)

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Section 5: Identification of Curriculum (162-166)

Using the table provided for each required curriculum item, indicate where the topic occurs throughout the submitted course materials and student take-home materials.

- EXAMPLES:
 - Source: Alcohol Training PowerPoint Location: Slide 15
 - Source: Server Training Handout Location: Page 2

Additional Personal Affidavits

- Individuals will need to be specified in the tables for their business structure. **One email per identified individual.** If the individual has more than one role within the business structure who would need to be fingerprinted, make sure the same email is used for that person so that they only get issued one request to complete the Personal Affidavit.
- The system will list the individuals that are required to sign Personal Affidavits. Use the INVITE / SEND REMINDER buttons to invite them into the system, so they can fill out and submit Training Provider Personal Affidavits. Once invited individuals have logged into the system and signed their Personal Affidavits, the Personal Affidavits will appear in the ATTACHED box on this page. The application will not be completed until all Personal Affidavits are completed and appear in the ATTACHED box.

Payment

- *Summary of Fees*
 - The summary of fees provides you information on what you are applying for and how much it will cost. Please review this information prior to proceeding to the Attestation. This will list the application fee and the fee(s) for fingerprinting.

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- *Attestation*
 - Click in the box to confirm you have read and understand that upon paying and submitting this registration that all fees are NON-REFUNDABLE.

- *Payment Information*
 - Click on the GO TO PAYMENT button to proceed to the payment screen. Once on the payment screen, you will need to pay the \$1000.00 Application Fee and the total cost of fingerprint fees with a Credit or Debit Card that has the Visa or MasterCard logo.
 - Close out the payment screen by clicking on the exit button. After exiting you will return to the Payment section of your registration. Click on the NEXT button to continue to the next section.

Attest & Submit

- *Name Fields*
 - Please verify your FIRST and LAST name appear in the name field boxes. These fields will be auto populated from the account registrar's first and last name.

- *Attestation*
 - Click in the box to declare under penalty of perjury that each and every statement in the registration is true, correct, and complete. Click on the SUBMIT button to submit registration.

RBS Training Provider App Checklist

The purpose of this document is to provide a checklist of the required documents needed to complete your training provider application successfully. The column to your left describes the step in the application process, while the column on the right lists the materials needed to complete the action item in the lefthanded column.

Responsible Beverage Service Training Provider Application Instructions

Application Step			Materials Needed	
Section	Done	Description	Done	Description of materials
		Create User Account on ABC Online Portal		Email Address
		Complete Registration Process in Portal		Access to your email to confirm registration
Section 1		Begin Training Provider Application		Select application type: Original
Section 1		If Sole Proprietorship (SP) Application Entity		Enter Sole Proprietor information
Section 1		If General Partnership Application Entity		Enter General Partnership information
Section 1		If Limited Liability Company (LLC)		Name of LLC and Contact Information
		Complete LLC Questionnaire		Business Information, LLC-1 Information, Articles of Organization, Operating Agreement, Names of Managers, Names of Officers in Authorized Agreement
		Upload Supporting Documentation		Articles of Organization, Operating Agreement, Other Supporting Documents
Section 1		If Corporation Application Entity		Name of Corporation
		Complete Corporation Questionnaire		Business Name (Only if different than Applicant) and Information, CA Secretary of State Registration Information, Officers and Directors, Stock Certificates
		Upload Supporting Documentation		Proof of Filing, Article of Incorporation, Minutes, Stock Certificates, Ledgers, Other Supporting Documents
Section 1		If Limited Partnership		LP Information
		Complete Limited Partnership Questionnaire		General Partner (any percentage of ownership), Limited Partners (10% or more)
		Upload Supporting Documentation		Certificate of Partnership Agreement (shows percentage of ownership for both general and limited partners), Other Supporting Documents
Section 2		Complete Training Provider Personal Affidavit		Required for: sole owners; each general partner; officers of a corporation and most of the board of directors; persons holding 10% or more of the capital or stock of a corporation; persons holding 10% or more of the capital or stock of a limited liability company or limited partnership.
Section 3		Complete Training Program Information		Plans for cost, location, language, and type and style of training
Section 4		Upload and Attach Training Program Materials		Digital copies of all training program materials including course materials and take-home materials for students to refer to later.
Section 5		Identification of Curriculum		Itemized and tabulated list of where required curriculum is located in training program and training materials
		Additional Personal Affidavits		Confirm list of all required person to complete Personal Affidavits based on entity structure.
		Payment		Valid credit or debit card with a Visa or Mastercard logo
		Attest and Submit		No additional materials needed.