

PLCB-2440 1/16 Commonwealth of Pennsylvania Pennsylvania Liquor Control Board	APPLICATION FOR APPROVAL OF RAMP CLASSROOM INSTRUCTOR	BUREAU OF ALCOHOL EDUCATION
--	--	--------------------------------

TYPE OR PRINT LEGIBLY WITH BLUE OR BLACK INK

1. PERSONAL INFORMATION

FIRST NAME	MI	LAST NAME
HOME ADDRESS	(STREET, P.O. BOX NO.)	(STATE) (ZIP)
COUNTY		
DAYTIME PHONE	EVENING PHONE	
E-MAIL ADDRESS	WEBSITE ADDRESS (IF APPLICABLE)	
DATE AND PLACE OF BIRTH	SOCIAL SECURITY NUMBER	

2. CURRICULUM INFORMATION

A STANDARD CURRICULUM IS AVAILABLE FROM THE PENNSYLVANIA LIQUOR CONTROL BOARD (PLCB) HOWEVER, YOU MAY CHOOSE TO USE ANOTHER CURRICULUM PROVIDED THAT IT HAS BEEN APPROVED BY THE PLCB.

1. WHICH CURRICULUM DO YOU PLAN TO USE? PLCB OTHER

IF OTHER, HAS IT BEEN APPROVED BY THE PLCB? YES NO

IF YES, DATE APPROVED ____/____/____

Please attach Resume and at least three (3) Professional References.

Board Use Only

Date Application Received:	Date Fee Received:	Date Certified:
____/____/____	____/____/____	____/____/____

3. EXPERIENCE

INCLUDE ANY PAID EMPLOYMENT AND VOLUNTEER WORK THAT BEST HELPS TO QUALIFY YOU FOR THIS POSITION. SUPPLY ALL DETAILS OF YOUR DUTIES NEEDED TO CORRECTLY DESCRIBE YOUR WORK.

1. FROM (DATE) _____ TO (DATE) _____

NAME OF EMPLOYER _____ PHONE _____

EMPLOYER ADDRESS _____

TYPE OF BUSINESS _____ TITLE _____

DUTIES _____

2. FROM (DATE) _____ TO (DATE) _____

NAME OF EMPLOYER _____ PHONE _____

EMPLOYER ADDRESS _____

TYPE OF BUSINESS _____ TITLE _____

DUTIES _____

4. OTHER

1. DATE PLCB RAMP, OWNER/MANAGER TRAINING COMPLETED. (MUST BE COMPLETED IN-CLASS, ONCE IN THE YEAR PRECEDING THE DATE THE APPLICATION FOR INSTRUCTOR CERTIFICATION IS FILED). COMPLETING THIS TRAINING ONLINE DOES NOT SATISFY THIS REQUIREMENT.

DATE ____/____/____

1. ARE YOU AT LEAST 21 YEARS OF AGE? YES ____ NO ____

2. HAVE YOU GRADUATED FROM HIGH SCHOOL OR OBTAINED A GED?
YES ____ NO ____ IF YES, DATE ____/____/____

3. ARE YOU WILLING TO TRAVEL THROUGHOUT THE COMMONWEALTH TO CONDUCT TRAINING?
YES ____ NO ____

4. CAN YOU COMMUNICATE IN A LANGUAGE OTHER THAN ENGLISH? YES ____ NO ____
IF YES, WHAT LANGUAGE(S)? _____

5. HAVE YOU OWNED OR BEEN AFFILIATED WITH A LIQUOR LICENSED ESTABLISHMENT WITHIN THE PAST FIVE YEARS?

YES _____ NO _____

IF YES, PLEASE PROVIDE THE LICENSE NAME _____, LID NUMBER _____
AND AFFILIATION _____.

5. CRIMINAL HISTORY

CRIMINAL OFFENSE INCLUDES FELONIES, MISDEMEANORS AND SUMMARY OFFENSES.

CONVICTION IS AN ADJUDICATION OF GUILT AND INCLUDES DETERMINATIONS BEFORE A COURT, A DISTRICT JUSTICE OR MAGISTRATE AND PLEAS OF NOLO CONTENDERE (NO CONTEST) THAT RESULT IN A FINE, SENTENCE OR PROBATION.

FOR THIS QUESTION DISREGARD: MINOR TRAFFIC VIOLATIONS (NO POINTS), OFFENSES COMMITTED BEFORE YOUR 18TH BIRTHDAY WHICH WERE ADJUDICATED IN JUVENILE COURT UNDER A YOUTH OFFENDER LAW, AND ANY CHARGES WHICH HAVE BEEN EXPUNGED BY A COURT OR FOR WHICH YOU SUCCESSFULLY COMPLETED AN ACCELERATED REHABILITATIVE DISPOSITION PROGRAM.

1. WERE YOU EVER CONVICTED OF A CRIMINAL OFFENSE? OR ARE YOU NOW UNDER CHARGES FOR A CRIMINAL OFFENSE? OR HAVE YOU EVER FORFEITED BOND OR COLLATERAL IN CONNECTION WITH A CRIMINAL OFFENSE?

YES _____

NO _____

IF YES, PLEASE EXPLAIN:

ACKNOWLEDGEMENT

I SWEAR OR AFFIRM, SUBJECT TO THE PENALTIES PROVIDED BY 18 PA. C.S. 4904, THAT THE FOREGOING ANSWERS AND STATEMENTS PROVIDED HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE _____

DATE _____

INSTRUCTIONS

This application is for the approval of a Responsible Alcohol Management Program (RAMP) server/seller classroom instructor.

1. A non-refundable fee of \$250.00 is required by any individual seeking approval as a RAMP server/seller classroom instructor. Please make a check or money order payable to "Commonwealth of PA." **Do not send cash.** Submit completed application and fee to the Pennsylvania Liquor Control Board, RAMP, 990 Briarsdale RD, Unit A Harrisburg, PA, 17109.

2. A Request for Criminal Record Check, Form PLCB -2391, MUST be submitted for the applicant with a \$8.00 remittance. Please make check or money order payable to "Commonwealth of PA." **Do not send cash.**

If you require assistance in completing this application, call the RAMP office at 866.275.8237.