

**Tri-Town Health Department
Tobacco Awareness Program**

Application for Certified Tobacco Retail Clerk

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Mailing Address:	<input type="text"/>		
City, State, Zip:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Company Representing:	<input type="text"/>	Store # if applicable:	<input type="text"/>

Fee Schedule:

(New) Tobacco Retail Clerk:	<input type="text" value="Free"/>
(Retest) Tobacco Retail Clerk:	<input type="text" value="\$10.00"/>
(Recert) Tobacco Retail Clerk:	<input type="text" value="\$15.00"/>

Please specify date and location of course you wish to attend:

Please read the following statements carefully!

* Tobacco Retailer Clerk Certification expires 3 years from date of successful completion of examination.
This will be listed on your certification card.

* This certification is required in the following cities/towns: Lee, Lenox, Stockbridge and Pittsfield.

* You must attached a copy of a valid government issued identification (i.e. driver's license, passport, military I.D. or Massachusetts I.D. card) to this application and bring it to examination. Please note: You must be 18 years or older to sell tobacco products in Lee, Lenox, Stockbridge and Pittsfield.

By signing below, you agree to comply with all local, state and federal tobacco regulations and understand that any violation under said local regulations may result in fines and/or suspension of your certification to sell tobacco products.

Signature of Individual: _____

**Payment is due with application. Applications must be submitted at least (2) weeks before course date.
Checks must be payable to Tri-Town Health Department and sent to the above listed address.**

Application/Registration confirmed by: _____ Date: _____ Check # _____