



# TAM<sup>®</sup> Instructor Application

<b>For office use only</b>
Date of Approval: _____
Resume: _____
Interview: _____
Seminar: _____

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street address) (Mailing address if different)

\_\_\_\_\_  
 (City) (State) (ZIP Code)

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell: \_\_\_\_\_

Which TAM<sup>®</sup> program are you interested in?:

- Corporate
- Regional\*

\*For Michigan regional only: Which area(s) would you like to cover? (e.g. Ingham County, Detroit, U.P.)

\_\_\_\_\_

Applicant must meet ALL of the following requirements:

- High school diploma or GED
- Attended a Techniques of Alcohol Management<sup>®</sup> seminar within the last three years and passed with a score of 85% or above

Have you ever been convicted of an alcohol-related misdemeanor or felony?

- No
- Yes. Please explain: \_\_\_\_\_

Applicant must meet at least ONE of the following requirements and provide documentation (Please check all applicable boxes):

- Employed by a licensed establishment recognized by your state's Liquor Control Commission/Board
- Law Enforcement Agent
- Independent instructor or consultant
- Employed by a college or university

Please also provide the following:

1. A current résumé
2. Any additional documents supporting your experience/education

By signing below, you are verifying that the information provided in this application is factual to the best of your knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please return completed form to: TAM<sup>®</sup>, P.O. Box 4067, East Lansing, MI 48826