

**Suffolk County Department of Health Services
Tobacco Enforcement
North County Complex
PO Box 6100, Bldg. C928
Hauppauge NY 11788
(631) 853-2967 FAX (631) 853-2958**

Tobacco Vendor Training Course Registration

Name of facility (DBA)	Corporate name	
Address	Town, Village, Hamlet	Zip Code
Owner name	Phone () -	
Today's date	Specify facility type. Convenience store, gas station, restaurant etc.	

Enter New York State Tobacco Registration ID Number in boxes below.

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Expiration Date

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Name of person(s) attending the training	Title
Work location address	Phone () -
Please indicate date/time of class	Has anyone from your facility previously taken this course? Yes No

Please call Rosie at 631-853-3162 after sending in your registration form to confirm that the office has received it as well as to confirm the availability of the date chosen.

Remember you must be employed at the location stated above. Any misrepresentation of employment can result in revocation of the Tobacco Vendor Education Certificate and possible fines.

You may fax or mail this registration.