

PLCB-2440 7/18 Commonwealth of Pennsylvania Pennsylvania Liquor Control Board	<b>APPLICATION FOR APPROVAL OF RAMP CLASSROOM INSTRUCTOR</b>	BUREAU OF ALCOHOL EDUCATION
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**TYPE OR PRINT LEGIBLY WITH BLUE OR BLACK INK**

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## 1. PERSONAL INFORMATION

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

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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 ☐      BOTH ☐

IF OTHER, PLEASE INDICATE NAME OF CURRICULUM \_\_\_\_\_

\_\_\_\_\_

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

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### Board Use Only

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

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### 3. EXPERIENCE

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**MINIMUM QUALIFICATIONS: POSSESS A MINIMUM OF 2 YEARS EXPERIENCE, FULL TIME, IN THE FIELD OF EDUCATION, LAW, LAW ENFORCEMENT, SUBSTANCE ABUSE PREVENTION, HOSPITALITY OR ALCOHOL SERVICE TRAINING.**

PLEASE INCLUDE MOST RELEVANT WORK EXPERIENCE THAT BEST HELPS TO QUALIFY YOU FOR THIS POSITION BASED ON THE MINIMUM QUALIFICATIONS DESCRIBED ABOVE. (SUBMITTING A RESUME IS NOT A SUBSTITUTE FOR THIS SECTION)

1. FROM (DATE)		TO (DATE)
NAME OF EMPLOYER		PHONE
EMPLOYER ADDRESS		
TYPE OF BUSINESS	TITLE	NUMBER OF HOURS WORKED/WEEK
DESCRIPTION OF DUTIES. PLEASE BE SPECIFIC AS POSSIBLE.		

2. FROM (DATE)		TO (DATE)
NAME OF EMPLOYER		PHONE
EMPLOYER ADDRESS		
TYPE OF BUSINESS	TITLE	NUMBER OF HOURS WORKED/WEEK
DESCRIPTION OF DUTIES. PLEASE BE SPECIFIC AS POSSIBLE.		

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## 4. OTHER

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1. PLEASE ENTER THE DATE YOU COMPLETED THE PLCB RAMP OWNER/MANAGER TRAINING. (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 \_\_\_\_\_.

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## 5. CRIMINAL HISTORY

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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:

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## ACKNOWLEDGEMENT

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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 seeking approval as a RAMP instructor. Please make a separate check or money order payable to "Commonwealth of Pennsylvania" in the amount indicated on the form. **Do not send cash.**

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