



## Submission of Alcohol Delivery Training Program

DATE OF SUBMISSION: \_\_\_\_\_

NAME OF ENTITY PROVIDING TRAINING: \_\_\_\_\_

CONTACT PERSON NAME: \_\_\_\_\_

CONTACT PERSON PHONE: \_\_\_\_\_

CONTACT PERSON EMAIL: \_\_\_\_\_

Please check the appropriate box:

I am applying for or have applied for a Third-Party Delivery Facilitator (TPDF) permit and will be providing the training.

I will be contracting with a TPDF permit applicant/permit holder to provide OLCC-approved training to delivery persons.

Name of TPDF permit applicant/permit holder(s):

Please submit this form, along with your alcohol delivery training program, to:

[OLCC.LiquorLicenseApplication@Oregon.Gov](mailto:OLCC.LiquorLicenseApplication@Oregon.Gov)

If you have questions, please contact [Tyler.Glaze@oregon.gov](mailto:Tyler.Glaze@oregon.gov)