



Responsible Sales Video Notice of Completion Form

Instructions:

Fill out this webform including the following :

- **Name:** Individual Name
- **Trade Name:** Operating name of the business|
- **Reason for taking the class (violation or education)** - Check the appropriate box
- **Violation related data** - Case Number, Ticket Number, Date of Violation

I hereby acknowledge and attest that I have viewed the Responsible Sales Video and understand the information it contains. I understand I am responsible to operate in compliance with the Washington State laws prohibiting the sale and service of age restricted products to underaged persons.

Name *

Email Address *

Trade Name

Reason for watching the video * Education

Alcohol Violation

Cannabis Violation

Tobacco Violation - Enter case number, ticket number and date

Vapor Violation - Enter case number, ticket number and date

Case Number

Ticket Number

Date of Violation Month

Day

Year

CAPTCHA This question is for testing whether you are a human visitor and to prevent automated spam submissions.

What code is in the image? *

Enter the characters shown in the image.