

## **Resource B:** Record of employees who completed the tobacco retailer training

Once your employee has successfully completed the quiz, both of you should fill out 1 of the sections below. Keep these pages in your document as a record of employees who have completed this training.

Employee's signature	Employee's name (print)	Date
Store manager's signature	Store manager's name (print)	Date
Employee's signature	Employee's name (print)	Date
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