



**State Liquor
Authority**

**ALCOHOL TRAINING
AWARENESS PROGRAM**

**Certificate of Completion of an Approved
Alcohol Training Awareness Program**

This Certificate of Completion expires **three years** from the date of the program session

School Information

Name of School

A+ Server Education

**School Certificate of
Approval Number**

Albany AT 0009

Program Location (Classroom Only)

**Program Instructor
(Classroom Only)**

Online Course

Online

Program Type (On-Premises or Off-Premises)

Program Number and Date

Both

09/07/2025

Student Information

Name of Student

Daniel Neary

Student's Home Address

25-40 31st ave

City, Town, or Village / State / Zip Code

Astoria NY 11106

Email Address

daniel.e.neary@gmail.com

Currently Employed by:

STUDENT CERTIFICATION:

BY SIGNING BELOW OR MARKING THE CERTIFICATION BOX ONLINE, I CERTIFY
THAT I EITHER ATTENDED THE PROGRAM DESCRIBED ABOVE OR COMPLETED
THE ENTIRE ONLINE COURSE AND AM ENTITLED TO BE ISSUED A CERTIFICATE
OF COMPLETION.

Signature

Date 09/07/2025

**INSTRUCTOR OR SCHOOL
CERTIFICATION:**

I CERTIFY THAT I WAS EITHER THE INSTRUCTOR IN CHARGE OF THE PROGRAM
OR THE DIRECTOR OF THE SCHOOL DESCRIBED ABOVE AND THAT THE ABOVE
STUDENT SUCCESSFULLY COMPLETED THE ENTIRE PROGRAM.

Signature

Date 09/07/2025