

**Form A**  
**Statement of Acceptance of Responsibilities Regarding  
The Sale of Age Restricted Products**

1. I have read and understood the guidance on the sale of age restricted products found at <https://www.stockton.gov.uk/trading-standards/topics?id=age-related-products>
2. I understand that if I sell, supply or hire an age-restricted product to someone who is under the legal age for that product, I will commit a **criminal offence** and I may be liable to a fine and/or imprisonment.
3. I understand that a Challenge 25 policy is in place and that I must ask for identification from anyone who looks 25 or less (delete if not applicable).
4. I understand that if someone appears under 25 or if I have any doubt about the age of a person trying to buy age-restricted products, I should ask for proof of their age. The only forms of identification I should accept are:
  - Passport
  - Photo driving licence
  - PASS approved proof of age card e.g Validate Card, Portman Group Card, Citizen Card.
5. I understand that if a customer fails to produce acceptable identification or I believe a person is underage I will refuse to sell an age restricted product and when the customer has left the premises I will complete the stores refusals register.
6. I hereby confirm that I have received advice and training from my employer regarding the sale of age restricted products.

Name: (Please Print Full Name)	
Signature:	
Date:	
Name of Shop:	
Address of Shop:	

**Remember It Is Illegal To Sell:**

**VIDEOS or DVDS to anybody younger than the age on the cover**

**ALCOHOL to under 18's**

**TOBACCO & E-CIGARETTES to under 18's**

**LOTTERY TICKETS to under 16's**

**FIREWORKS to under 18's**

**BUTANE CIGARETTE LIGHTER REFILLS to under 18's**

**WE DON'T  
OVERLOOK  
UNDERAGE**



## Form B

### Record of Advice and Training Given to a Member of Staff Relating to Age Restricted Products

I hereby confirm that I have instructed (Insert Name)

In relation to the sale of age restricted products and feel confident that he/she fully understands the procedures to be complied with.

It is recommended that update training is given every three months.

Name: (Please Print Full Name)	
Signature:	
Position:	
Date of Training:	
Employment Start Date:	
Name of Shop:	
Address of Shop:	
Date Update Training Due:	

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OVERLOOK  
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