

# Control State Code Application (\*required)

Date Submitted \_\_\_\_\_

Request\*      New Code(s)      Full Brand Name\* \_\_\_\_\_

Fanciful Name \_\_\_\_\_

TTB ID:\* \_\_\_\_\_

Min./Max of 14 numbers.

Domestic/Imported\*      Domestic      Imported      Product Bottled\*      US      Foreign      Country \_\_\_\_\_

Origin Class\* \_\_\_\_\_

Type\* \_\_\_\_\_

Base Flavor \_\_\_\_\_

Appellation \_\_\_\_\_

Age/Vintage \_\_\_\_\_

Proof \_\_\_\_\_

Gift Package/VAP/Multi-Pack Contents:      Yes      No

Additional Information

Comments/Description

SKUY GTIN/UPC	Case GTIN/SCC	Container Type	Size	Packaging	Selling Units	Bottles Per Case	Control State Code <small>(Admin Use Only)</small>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Vendor Name \_\_\_\_\_

Full Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Signature (Initials) \_\_\_\_\_