

**\* Control State Code Application \***

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| --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **New code(s)** **Correction(S)** **Deletion(s)** | | | | | |
| **Full brand name:** | | | **Gift Package:** Yes No | | | |
| **Class:** 2 | | **Type:** 2 | | | **Base flavor:** 4 | |
| **Domestic** **Imported** | | **Product bottled:** US Foreign | | | | |
| **country of origin:** | | **NABCA CLass:** 3 | | **Discus Common Code:** 3 | | |
| **TTB ID:** 1 | | **Appellation:** | | **Age/vint:** | | **Proof:** |

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| **Sku gtin (UPC)** | **Case gtin (SCC)** | **Size** | **Btls per case** | **Control state code: 5** |
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| Total number of new codes: | Total amount Due: | Assigned By: |
| **Non-members:** payment must BE submitted before code(s) can be assigned  *(If applying via fax, please fax a copy of the check along with the application(s) and mail Originals)* | | |
| **Gift wrap/special package description:** | | |
| Vendor name: | Your name: | |
| E-mail: | TiTitle/position: | |
| Street address: | Phone: | Fax: |
| City: state: zip: | Signature: | |
| **Waiver of rights**: The National Alcohol Beverage Control Association, Inc. accepts no responsibility for errors, omissions, or numerical duplications. Any such problems should be called to NABCA’s attention.  **1 include product label/TTB ID for all items 2 use tables supplied in the specification’s manual**  **3 this area to be filled in by NABCA 4 applies only to cordials/liqueurs**  (CSC Specifications Manual and additional forms are available at [**www.nabca.org/States/Forms.aspx**](http://www.nabca.org/States/Forms.aspx))  **No refund or Credit will be issued:** If “new code” is indicated above, and this item has a previously assigned CSC number.  NABCA  2900 S. Quincy Street, Suite 800, Arlington, VA 22206  Tel: 703-578-4200  Email: [CSChelp@nabca.org](mailto:CSChelp@nabca.org)  [www.nabca.org](http://www.nabca.org)  **SEND CHECKS PAYABLE TO NABCA: NABCA P.O. BOX 45922, BALTIMORE, MD 21297-5922** | | |