

* CONTROL STATE CODE APPLICATION *

DATE: NEW COL		DE(S) □ CORRECTION(S) □			DELETION(S) □				
FULL BRAND NAME:				GI			IFT PACKAGE: YES □ NO □		
CLASS: ²			TYPE: ²			H	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:		PROOF:	
SKU GTIN (UPC) CASE GTIN		(SCC)	CC) SIZE BTLS PER C			E CONTROL STATE CODE: 5			
TOTAL NUMBER OF NEW CODES:				TOTAL AMOUNT DUE:					
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:				TITLE/POSITION:					
STREET ADDRESS:				PHONE:			FAX:		
CITY: STATE: ZIP:			D.	SIGNATURE:					
<u>WAIVER OF RIGHTS</u> : The National Alcohol Beverage Control Association, Inc. accepts no responsibility for errors,									

walver 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 specifications 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)

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 FAX: 703-824-3452

www.nabca.org
Email: CSChelp@nabca.org