Alcoholic Beverage Laws Enforcement Commission

Quarter _____ 20_____

Quarterly Report of Carriers Transporting Wine Into Oklahoma Directly to Consumer

1Q Jan-Mar Due: April 10th
2Q Apr-June Due: July 10th
3Q July-Sept Due: Oct 10th
4Q Oct-Dec Due: Jan 10th

Name: _____ **License Number:** _____

Address: _____ **Phone Number:** _____ **Contact Person:** _____

Delivery Date	Shipper's Number or PO	Supplier/Manufacturer (Full Name and Address - should not be a Warehouse)	Shipped From (Full Address - City, State)	Delivered to Whom	Where Delivered (Full Address - City, State)	Number of Cases

Email to carrierreport@able.ok.gov

I declare that the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

_____ **Authorized Signature**

_____ **Date**