
Each wholesaler must provide the information requested below and mail or deliver the completed form to:

Tobacco Certifications
Office of the Attorney General for the District of Columbia
441 4th Street, NW, Suite 600-S
Washington, DC 20001
Fax: (202) 741-8779
Telephone: (202) 724-5677

Licensed Cigarette Wholesaler Contact Information

Company: ___________________________ License # ________________________
Street Address: ________________________________________________________
City, State, Zip: _________________________________________________________
Name/Title of Contact Person: ____________________________________________
Telephone: ___________________ FAX: ______________________________
E-mail Address for Notifications: _________________________________________
Signature: ______________________ Date: _____________________________
Name/Title of Person Signing (Print or Type) _______________________________

THE LAW REQUIRES THIS INFORMATION TO BE UPDATED AS NECESSARY