



Importing Bulk Spirits for Manufacturing

ASA-1
V1 4/2018

Your Business Name _____

Request Date

MM / DD / YYYY

Billing Address	Shipping Address

Contact Information (Requester)

Contact Name	Phone Number	Email
Alternate Contact	Phone Number	Email

Please mark the appropriate box and provide the applicable information.

Distillery Brewery → License Number - - -

Secretary of State Business # _____

Purpose for which product is being ordered _____

Product Description

Quantity	Proof	*Container Type	**Gallons Per Container	***Category (From list)

- * Container Type = Tote, Barrel or Other (please list)
- ** Note: 128 ounces = 1 gallon; 1 barrel = 31 gallons; tote = 275 gallons
- *** Category = bourbon, vodka, rum or other (please list)

Supplier Information

Supplier Name	Email	
Contact Name	Phone Number	Email

I declare under penalty of false swearing that the information in this document is true, correct and complete.

Requester Signature _____ Date _____

Supplier: Complete the section below and return to DORA@alcoholicbeveragecontrol@mt.gov for approval to ship to requester.

Order will be filled Yes No Consumable Yes No
Denatured Yes No Invoice Number _____ (attach)

For Department of Revenue use only. Note: Will not be authorized until Supplier's section is completed and returned by Supplier.

We authorize _____ (Supplier) to ship the product(s) listed above to _____ (Requester)

Department of Revenue Signature _____ Date _____