STATE OF CALIFORNIA
JUS-TOB15
(Orig. 02/2011)

DEPARTMENT OF JUSTICE

CIGARETTE BRAND STYLE AUTHENTICATION INFORMATION

REPEAL

MANUFACTURER: _____

MSA Status: _____OPM _____SPM _____NPM NUMBER OF STYLES: _____ DATE: _____

Name of Person Completing this Form: _____ Position in Company: _____

BRAND FAMILY (as listed on California Directory): CIGARETTES AND ROLL-YOUR-OWN

Style Name	Size (Regular, King, 100's, etc.)	Pack Content (20, 25)	Pack Type (Soft, Box)	Pack UPC	Carton UPC

Attach additional sheets, as necessary, to provide a complete response.

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