



**DISTRIBUTOR ELECTRONIC MAIL ("E-MAIL")
REGISTRATION FORM**

JUS-TOB7 (Rev. 09/2010)

Please complete and submit to the Attorney General's Office:*

Mailing Address:

Office of the Attorney General
for the State of California
Tobacco Litigation & Enforcement Section
P.O. Box 944255
Sacramento, CA 94244-2550 OR

Street Address:

Office of the Attorney General
for the State of California
Tobacco Litigation & Enforcement Section
1300 I Street, Suite 125
Sacramento, CA 95814

*Alternatively, the information required by this form may be submitted electronically to the Attorney General's Office at tobacco@doj.ca.gov

Distributor Name: _____

BOE License No. _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

Telephone Number: _____

Facsimile (FAX) Number: _____

Contact Person: _____

Title: _____

Website Address: _____

Distributor's E-mail Address: _____