OMB No. 1513-0111 (05/31/2026)

# DEPARTMENT OF THE TREASURY
## ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)
# COLAs ONLINE ACCESS REQUEST

*Submit this form to the Advertising, Labeling and Formulation Division, TTB, 1310 G Street, NW, Box 12, Washington, DC 20005*

ALFD TRACKING NUMBER

**A – ACTION REQUESTED - Please read instructions to check appropriate box**

1. ☐ NEW USER ☐ PREPARER/REVIEWER ☐ MODIFY USER/ ADD PERMIT ☐ DELETE USER ☐ REACTIVATE USER

2. IF MODIFYING, DELETING, OR REACTIVATING THEN PROVIDE EXISTING USER ID, *if known*

**B – USER INFORMATION**: *Please complete section B with all the required data to establish a user identification record.*

| 3. FIRST NAME | 4. MIDDLE INITIAL | 5. LAST NAME | 6. SUFFIX *(i.e., Jr., Sr., III)* |
|---|---|---|---|
| | | | |

| 7. LABEL REP ID NUMBER, if any | 8. DATE OF BIRTH | 9. MOTHER'S MAIDEN NAME | 10. EMPLOYEE TITLE |
|---|---|---|---|
| | | | |

| 11. BUSINESS PHONE NUMBER | 12. BUSINESS E-MAIL ADDRESS (required) | 13. BUSINESS FAX NUMBER |
|---|---|---|
| | | |

14. BUSINESS MAILING ADDRESS OF PERSON REQUESTING ACCESS TO COLAs ONLINE *(if different than 15.)*

**C – COMPANY INFORMATION:** *Provide information about the company for which you request to e-file applications*

15. NAME AND STREET ADDRESS OF COMPANY AS IT APPEARS ON THE REGISTRY, PERMIT, OR BREWER'S NOTICE

16. REGISTRY, PERMIT, OR BREWER'S NOTICE NUMBER(S) FOR THE ABOVE ADDRESS *(Use a separate sheet if necessary. See instructions.)*

**REQUESTOR'S CERTIFICATION**

I hereby attest that the entries on this form are true and correct, and that the unique username and password, or digital signature that the Alcohol and Tobacco Tax and Trade Bureau assigned to me are intended as my original signature. I intend that such submissions be treated as bearing an original signature for all intents and purposes when submitting applications electronically via COLAs Online system.

| 17. REQUESTOR'S SIGNATURE | 18. DATE |
|---|---|
| | |

**D – APPROVAL REQUIRED:** *Signature of the company official with signature authority required to grant access to COLAs Online.*

| 19. COMPANY APPROVAL SIGNATURE | 20. PRINT NAME AND TITLE OF COMPANY APPROVAL OFFICIAL | 21. DATE |
|---|---|---|
| | | |

**FOR TTB USE ONLY**

| USER VERIFICATION COMPLETED | DATE | COMMENTS |
|---|---|---|
| | | |

| SYSTEM OWNER APPROVAL | DATE | COMMENTS |
|---|---|---|
| | | |

| TTB OPERATIONS COMPLETED | DATE | COMMENTS |
|---|---|---|
| | | |

| SYSTEM ADMINISTRATOR COMPLETED | DATE | COMMENTS |
|---|---|---|
| | | |

| USER NOTIFICATION COMPLETED | DATE | COMMENTS |
|---|---|---|
| | | |

## INSTRUCTIONS

You must complete this form in order to receive a User ID and password to obtain access to TTB's COLAs Online System. Each user must obtain an individual User ID and password which is not to be shared with anyone. Sharing your User ID and password can result in cancellation of your COLAs Online privileges.

**Section A** – You must check the appropriate box:

(1) Check *New User* for full access to COLAs Online if you have not been previously supplied with a User ID and password. Persons with wholesalers permits can only apply if relabeling.

(2) Check *Preparer/Reviewer* for limited access to COLAs Online (This access is used only for preparing/reviewing electronic applications).

(3) Check *Modify User/Add Permit* only if you already have a User ID and password to COLAs Online. You must also complete the remainder of the form as instructed below to include all modifications and include your previous User ID.

(4) Check *Delete User* if you no longer want access to COLAs Online for yourself or another user. Please provide the User ID of the user to be deleted,if known (Section A, Item 2).

(5) Check *Reactivate User* if we cancelled your original User ID due to inactivity and you wish to begin using the COLAs Online system again. You must also complete the remainder of the form as instructed below and include your previous User ID.

**Section B** - You must enter the required information about the individual requesting access to COLAs Online in items 3 - 14. Item 11 should only be completed by third party filers (e.g. trade associations, law firms, consultants). Third party filers who have not previously been assigned a Rep ID number must request one from ALFD at 1-866-927-2533, before submitting this form.

**Section C** - You must enter the required information about the company for which you are requesting to file applications. This information must appear exactly as it does on the Plant Registry, Basic Permit, or Brewer's Notice. Be sure to enter the correct number in item 16 (example: BW-PA-00, PA-I-00, DSP-PA-00, BR-PA-AAA). If you are filing for multiple Registry/Permit/Brewer's Notice Numbers, you may include a list of them on a separate sheet attached to this form. The attached list must include the company name and address, Registry, Permit or Brewer's Notice Number, and approval signature by a company official with signing authority for each permit for which you are requesting access. Any person without signature authority must also attach a separate TTB F 5000.8, Power of Attorney, for each company on behalf of which they will be filing label applications.

**Section D** - A company official with TTB signing authority must sign, print his or her name and title, and date the form in items 19-21.

**You must send the original of this form to:**

**Advertising, Labeling and Formulation Division (ALFD)**
**Alcohol and Tobacco Tax and Trade Bureau**
**1310 G Street, N.W.**
**Box 12**
**Washington, DC 20005**

**Your User ID and temporary password will be sent to you via e-mail.**

## PRIVACY ACT INFORMATION

We provide this information to comply with Section 3 of the Privacy Act of 1974 (5 U.S.C. 552a(e)(3)).

We require this information under the authority of 27 U.S.C. 205(e). You must disclose this information so we can identify the company on whose behalf the applicant claims to act, to verify the scope of the applicant's authority to act, and to evaluate the applicant's qualifications for access to the system.

We use this information to approve, grant, and control access to sensitive information systems. In addition, the information may be disclosed to other Federal, State, and local law enforcement and regulatory agency personnel to verify information on the application and to aid in the performance of their duties. The information may further be disclosed to the Justice Department if it appears that the furnishing of false information may contribute to a violation of Federal law. Disclosure may otherwise be made pursuant to the routine uses most recently published in the Federal Registry for the Department of the Treasury, Alcohol and Tobacco Tax and Trade Bureau (TTB) .001–Regulatory Enforcement System of Records.

If you fail to supply complete information then there will be a delay in the processing of your application.

## PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. We use this information to authenticate end users in the program to electronically file Certificates of Label Approval. The information is used by the Government to verify the identity of the end users prior to issuing them passwords. The information we request is voluntary, however, if the requested information is not submitted, the users will not be granted a password and cannot participate in the electronic filing program.

The estimated average burden associated with this collection is 18 minutes per respondent or recordkeeper depending on the individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Paperwork Reduction Act Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, Box 12, Washington, DC 20005. (***Please do not mail completed forms to TTB Paperwork Reduction Act Officer***).

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number.