



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
2601 BLAIR STONE ROAD • TALLAHASSEE, FL 32399-1022

DBPR Form AB&T
4000A-037
Rev. 10/04

CERTIFICATE OF EXTRAORDINARY LOSS

Name _____ Date _____
Address _____ License Number _____
City of _____ FL Zip Code _____

1. Site of Extraordinary Loss _____

Investigating Agency _____

Incident Report # _____ Warehouse Loss _____
(Attach copy of report) (Witnessed by Auditor/Agent)

2. Detail of Gallonage involved in traffic accident: ATTACH COPIES OF ALL INVOICES IN SHIPMENT TO THIS CERTIFICATE

Table with columns: LIQUOR Total Gallons, WINE Total Gallons, BEER (Pints or Less, Quarts, Bulk Gallons)

3. Gallonage by Tax Classification:

Table with columns: LIQUOR (Under 17.259%, Over -55.78%), WINE (Natural Sparkling, Over 17.259%, Under 17.259%) and rows: INVOLVED, RECLAIMED, DESTROYED

Table with columns: BEER (Pints or Less, Quarts, Bulk Gallons) and rows: INVOLVED, RECLAIMED, DESTROYED

4. Site of destruction or reclamation: _____

- a. Attach copy of landfill invoice or statement from site manager.
b. If reclaimed AUDITOR or AGENT must initial gallonage in #3.

I, _____ AN AUTHORIZED EMPLOYEE OF _____, OF _____ FL

DO AGREE THAT THE ABOVE ENTRIES ARE TRUE AND CORRECT AND THAT THESE GALLONAGES WERE THE RESULT OF EXTRAORDINARY LOSSES AS DEFINED BY RULE 7A-4.0371, AND THAT THESE GALLONAGES WERE DESTROYED OR RECLAIMED IN ACCORDANCE WITH RULE 7A-4.0371.

Signature _____ Title _____ Date _____