



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City, Nevada 89701-4717

PARTICIPATING MANUFACTURER (PM) CERTIFICATE OF COMPLIANCE
FORM BOL-TOB1

PART I: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

CERTIFICATION SALES YEAR: _____

CHECK CERTIFICATION TYPE: INITIAL ANNUAL SUPPLEMENTAL

A. Company Information

Company Name	
Address	
City/State/Zip/Country	
Telephone Number	Fax Number
E-Mail Address	Website
Name/Title of Company Contact	
Address of Manufacturing Plant(s)	
Phone Number of Factory	Fax Number of Factory
If located in U.S.: Manufacturer's Federal Taxpayer ID number	
If located in US: TTB Tobacco Manufacturer's Permit Number	Expires
Nevada Manufacturer's License Number	Date of Issuance

Please check if contact information has changed since the last annual certification.

Notes:

1. The contact information, including e-mail address, listed above will be used for all official correspondence from the Nevada Attorney General's Office. The PM is responsible for updating its contact information with the Nevada Attorney General's Office if it changes during the course of the year.
2. Nevada wholesalers are only permitted to purchase unstamped product from a Nevada-licensed manufacturer or wholesaler. Therefore, most tobacco manufacturers must obtain a manufacturer's license from the Nevada Department of Taxation for their products to be legally sold in Nevada. Manufacturer's licenses are free of cost. If required, licensure must be obtained prior to this Office approving this Certification.

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B. Company Officers and Owners

Provide a complete list of the PM's officers and owners. For the purposes of this section, an owner is considered any person with an equity interest of 10% or more in the company. This information may be provided in an attached exhibit. **EXHIBIT _____**

Officer/Owner Name	Title
Address	
City/State/Zip/Country	E-mail Address
Telephone Number	Fax Number
Officer/Owner Name	Title
Address	
City/State/Zip/Country	E-mail Address
Telephone Number	Fax Number
Officer/Owner Name	Title
Address	
City/State/Zip/Country	E-mail Address
Telephone Number	Fax Number
Officer/Owner Name	Title
Address	
City/State/Zip/Country	E-mail Address
Telephone Number	Fax Number

C. Corporate or Business Documents

Attach current copies of articles of incorporation (include background information such as date of initial formation and state involved), corporate charters, certificates of corporate existence, operating agreements, and bylaws or extracts of stockholders' meetings, as applicable to corporate status. If the PM previously submitted these organizing documents to the Nevada Attorney General and these documents have not changed since that submission, do not re-submit. **EXHIBIT _____**

Check here if no changes have been made to the PM's organizing documents.

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D. Manufacturers Permits, Licenses, and Disclosures

1. If the PM is located in the United States (“U.S.”), attach a copy of the PM’s current TTB manufacturer’s or importer’s permit(s), copies of a map(s) clearly depicting the physical location of TTB-permitted manufacturing/fabrication plant(s) involved, and photographs of the plant(s) interior, preferably showing tobacco manufacturing/fabrication equipment . **EXHIBIT** _____
2. If the PM is located outside of the U.S., provide copies of any manufacturing or importer licenses, certificates, permits or similar documents issued by the country where the manufacturing takes place. In addition, include copies of a map(s) clearly depicting the physical location of TTB-permitted manufacturing/fabrication plant(s) involved and photographs of the plant(s) interior preferably showing tobacco manufacturing/fabrication equipment. **EXHIBIT** _____
3. If the brand families to be listed for sale in Nevada are manufactured or fabricated by another entity other than the PM, please provide the other entity’s name, address and contact information and a copy of any agreement or contract between the PM and this company regarding the manufacture/fabrication and/or sale of each brand family. **EXHIBIT** _____

PART II: BRAND FAMILY IDENTIFICATION

A. 2014 Brand Identification (Annual Certification Only)

List all brand families sold by the PM in 2014. The PM affirms these brand families are its cigarettes for the purpose of calculating 2014 payments under the Master Settlement Agreement. This information may also be attached. **EXHIBIT** _____

Brand Family Name	Cigarettes or RYO	Brand Family Name	Cigarettes or RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO

B. 2015 Brand Identification for 2015 Directory Listing for All PM Certifications

List all brand families intended for sale in Nevada during 2015. For each brand family, provide the expiration date of the Nevada Fire Standard Compliant Cigarette Certification and the year the brand family was initially listed on the Nevada Tobacco Directory. Alternatively, this information may be provided in an attached exhibit. **EXHIBIT** _____

Brand Family Name	Cigarettes or RYO (Select)	Name/Address of Product Manufacturer	NV FSC Expiration Date	Initial NV Directory Listing Year
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO			
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO			
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO			
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO			

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C. Brand Compliance with Federal and State Requirements

1. Provide a sample of the packaging of **each** brand family listed above. **EXHIBIT** _____
 Check here if previously submitted packaging samples have not changed. Do not resubmit.
2. For each cigarette brand family, provide a list of styles that will be sold in Nevada in 2015. Please note that each brand style offered for sale must be listed on a current Fire Standard Compliant Cigarette Certificate issued by the Nevada State Fire Marshall. **EXHIBIT** _____
3. Provide a copy of the **current** Federal Trade Commission (FTC) approval letter for health-warning rotation plan. For additional information, please visit this website: <http://www.ftc.gov>. **EXHIBIT** _____
4. Provide a copy of the **current** Centers for Disease Control (CDC) ingredient-listing (cigarettes only) compliance letter(s) pertaining to the above brands of cigarettes. For additional information, please visit this website: <http://www.cdc.gov>. **EXHIBIT** _____
5. For each brand family, provide a copy of all licensed trademarks. If any brand trademarks are owned by someone other than the PM, provide a copy of the trademark use agreement signed by all parties involved. **EXHIBIT** _____

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PART III: DISTRIBUTOR INFORMATION

Provide the contact information for all Nevada licensed distributors the PM intends to use in 2015. Alternatively, this information may be provided in an attached exhibit. **EXHIBIT** _____

Distributor Address		Distributor Phone	
Brand Family	Cigarettes or RYO	Brand Family	Cigarettes or RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
Distributor Name		Contact Name/Title	
Distributor Address		Distributor Phone	
Brand Family	Cigarettes or RYO	Brand Family	Cigarettes or RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
Distributor Name		Contact Name/Title	
Distributor Address		Distributor Phone	
Brand Family	Cigarettes or RYO	Brand Family	Cigarettes or RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO

PART IV: PACT ACT REGISTRATION AND COMPLIANCE

- A. Has the PM registered under the PACT Act with the ATF? Yes No
- B. Has the PM registered with the Nevada Department of Taxation? Yes No
- C. If the PM ships product into Nevada, has the PM filed all monthly PACT Act reports with the Nevada Department of Taxation and the Nevada Attorney General's Office for 2014?
 Yes No Not Applicable
- D. If the PM responded 'no' to questions A, B, or C, please provide an explanation for each 'no' response in an attachment. **EXHIBIT** _____

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PART V: PARTICIPATING MANUFACTURER REGISTERED AGENT

- A. Is the PM registered to do business in Nevada? Yes No
- B. Provide the name and contact information from a Nevada Registered Agent and attach a current (dated this year) original letter from the registered agent accepting this appointment. **EXHIBIT** _____

Name of Registered Agent	
Address	
City/State/Zip	
Telephone Number	Fax Number

PART VI: ACTIONS AGAINST THE TOBACCO PRODUCT MANUFACTURER

- A. During the last year, has the PM been delisted in any other state, or did any other state refuse to list the PM on its state tobacco directory? Yes No
- B. Has the PM been enjoined or banned from selling any cigarettes pursuant to any court order or any state or federal agency ruling or determination? Yes No
- C. Has the PM, or its owners or officers, been charged with or convicted of any crime or civil action relating to the manufacture, sale or distribution of tobacco products in any state? Yes No
- D. If the PM responded 'yes' to questions A, B, or C, please attach a detailed explanation for each 'yes' answer in an attachment. **EXHIBIT(S)** _____

The PM is under a continuing obligation to supplement any of its responses to questions A, B, C, or D, if there are any changes over the course of the year.

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PART VII: AFFIDAVIT OF TOBACCO PRODUCT MANUFACTURER

An authorized officer of the PM MUST sign this form and have it notarized.

Under penalty of perjury, I certify that:

The PM named in Part I is in full compliance with all applicable sections of NRS Chapters 370 and 370A;

I am an authorized officer of the PM and through my position with the PM I am authorized to certify on behalf of the PM and can legally bind the PM;

I understand that the Nevada Attorney General may require additional information and/or documentation to determine if the PM qualifies for listing on the Nevada Directory;

I have examined this certification, including attachments and supporting documents and, to the best of my knowledge and belief, this certification, including attachments and supporting documents, is true, correct, and complete;

I understand under Nevada law, the PM is required to maintain all invoices, documentation of sales, and any other documentation relied upon in making this Certification for a period of five years from the date this Certification is executed;

By signing this affidavit on behalf of the PM I understand that the PM is required to comply with state and federal laws concerning the sale of tobacco products.

Name of Officer Title

Signature of Officer Date

Subscribed and sworn to this _____ day of _____, 20 _____

County of: _____

Signature of Notary Public: _____

Notary Commission expires: _____

Mail or email this completed Certificate of Compliance and attachments, along with the original executed and notarized Affidavit of Tobacco Product Manufacturer (Part VII), to:

Nevada Attorney General's Office
Tobacco Enforcement Unit
Attn: Hillary A. Bunker
100 North Carson Street
Carson City, Nevada 89701
(775) 684-1209 or tobaccoenforcement@ag.nv.gov

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