



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

NON-PARTICIPATING MANUFACTURER (NPM) CERTIFICATE OF COMPLIANCE
FORM BOL-TOB2

PART I: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

CERTIFICATION SALES YEAR: _____

CHECK CERTIFICATION TYPE: INITIAL

ANNUAL

SUPPLEMENTAL

A. Current 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. Nevada Revised Statute 370.665 requires the NPM to update its contact information with the Nevada Attorney General's Office if it changes occur.
2. Nevada wholesalers are only permitted to purchase unstamped product from a Nevada-licensed manufacturer or wholesaler. Therefore, most NPMs 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 annual certification.

**NPM CERTIFICATE OF COMPLIANCE
FORM BOL-TOB2**

B. Company Officers and Owners

Provide a complete list of the NPM'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 NPM 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 NPM's organizing documents.

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**NPM CERTIFICATE OF COMPLIANCE
FORM BOL-TOB2**

D. Manufacturers Permits, Licenses, and Disclosures

1. If the NPM is located in the United States (“U.S.”), attach a copy of the NPM’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 NPM 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 NPM, please provide the other entity’s name, address and contact information and a copy of any agreement or contract between the NPM and this company regarding the manufacture/fabrication and/or sale of each brand family. **EXHIBIT _____**
4. The NPM must submit a TTB Tax Information Authorization Form (Form TTB F 5000.19), **in duplicate**, authorizing the Nevada Attorney General to receive or inspect the NPM’s federal excise tax returns (TTB Form 5000.24) and monthly operational reports (TTB Form 5210.5). **EXHIBIT _____**

E. Corporate Surety Bond

Nevada law requires a new NPM to post a corporate security bond in a statutorily prescribed amount. The Nevada Tobacco Manufacturer Surety Bond Form BOL-TOB4 must be completed and attached to this certification. **EXHIBIT _____**

PART II: BRAND IDENTIFICATION AND SALES INFORMATION

A. 2014 Brand Identification and Sales Volume (For NPM Annual Certification Only. Skip this part for Initial or Supplemental Certification and proceed to PART II B.)

1. List all brand families sold by the NPM in 2014. By listing these brand families here or in an exhibit, the NPM affirms the brand families are its cigarettes for the purposes of calculating 2014 escrow payments under NRS Chapter 370A. **EXHIBIT _____**

Brand Family Name	Select Cigarette or RYO	Total 2014 Units Sold ¹
	<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	

¹ Report all distribution volumes in units sold. Pursuant to NRS 370A.120, “units sold” is defined as the number of individual cigarettes sold in the State of Nevada either directly by the manufacturer or through an intermediate distributor. For roll-your-own (RYO) tobacco, units sold are calculated by dividing the total ounces of RYO tobacco sold by 0.09.

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**NPM CERTIFICATE OF COMPLIANCE
FORM BOL-TOB2**

2. For 2014, list below each distributor that stamped the NPM's cigarette brand(s) for sale in Nevada, and/or paid Nevada OTP tax on the NPM's RYO brand(s) and provide the number of units stamped by each distributor (including tribal sales) or attach an exhibit. **EXHIBIT _____**

Distributor Name		Contact Name/Title	
Distributor Address		Distributor Phone	
Brand Families Distributed	Select Cigarettes or RYO	2014 Total Units Sold	
	<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 Families Distributed	Select Cigarettes or RYO	2014 Total Units Sold	
	<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 Families Distributed	Select Cigarettes or RYO	2014 Total Units Sold	
	<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. Brand Identification for 2015 Directory Listing for All NPM Certifications

1. List below all brand families intended for sale in Nevada this year, the name and address of the Product Manufacturer, and the Nevada Fire Standard Compliance certification expiration. For Annual Certification, provide the initial year the brand family was listed on the Nevada Tobacco Directory. This information may also be attached. **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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**NPM CERTIFICATE OF COMPLIANCE
FORM BOL-TOB2**

2. Provide sample packaging for **each** brand family listed above. **EXHIBIT** ____
 Check if previously submitted packaging samples have not changed. Do not resubmit.
3. 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** ____
4. 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** _____
5. 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** _____
6. For each brand family, provide a copy of all licensed trademarks. If any brand trademarks are owned by someone other than the NPM, provide a copy of the trademark use agreement signed by all parties involved. **EXHIBIT** _____
7. Provide the name and contact information for all Nevada-licensed distributors the NPM intends to use for distribution of its brand families in 2015 below or attach. **EXHIBIT** _____

Distributor Name		Contact Name/Title	
Distributor Address		Distributor Phone	
Brand Families Distributed	Select Cigarettes or RYO	2014 Total Units Sold	
	<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 Families Distributed	Select Cigarettes or RYO	2014 Total Units Sold	
	<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 Families Distributed	Select Cigarettes or RYO	2014 Total Units Sold	
	<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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PART III: QUALIFIED ESCROW ACCOUNT INFORMATION

A. Escrow Account Information

The NPM identified in Part I has established and continues to maintain the following qualified escrow fund under NRS Chapter 370A:

Name of Financial Institution	
Address City/State/Zip/Country	
Contact Name/Title	
Telephone Number	Fax Number
Escrow Account Number	Nevada Sub-Account Number

Provide an executed copy of the NPM's current Escrow Agreement. Any amendments or attachments to such agreements **MUST** also be provided. If the Escrow Agreement was previously submitted to the Attorney General as a part of a previous certification and if the Escrow Agreement or its amendments have not changed, the Escrow Agreement and Amendments do not need to be provided as part of this filing. **EXHIBIT _____**

Check here if the Escrow Agreement and Amendments have not changed.

B. Escrow Deposits Previously Made for Nevada 2014 Sales (For NPM Annual Certification Only)

Provide the date and amount of all quarterly deposits as well as any additional deposits and/or withdrawals made during 2014. Any withdrawals must comply with NRS Chapter 370A and verification of compliance must be provided.

2014 Sales Year	Date Deposit / Withdrawal	Amount Deposit / Withdrawal
1 st Quarter Deposit		
2 nd Quarter Deposit		
3 rd Quarter Deposit		
4 th Quarter Deposit		
Additional Deposit / Withdrawal		
Additional Deposit / Withdrawal		
Total Escrow Deposited		

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**NPM CERTIFICATE OF COMPLIANCE
FORM BOL-TOB2**

C. Escrow Calculation and Deposit for 2014 Nevada Sales (For NPM Annual Certification Only)

1. Show on Line A the total units sold by the NPM in Nevada during calendar year 2014. (Note: For RYO, divide the total number of ounces sold by 0.09 and round up to the next whole unit.)	A. _____ (units)
2. Line B contains the applicable rate per unit sold in 2014 (\$0.0188482), plus the inflation adjustment for 2014 (\$0.0120301).	B. <u>\$0.0308783</u>
3. Multiply Line A and B to determine the total escrow due for 2014 sales.	C. _____
4. Show on Line D the total of all escrow deposits previously made for 2014 Nevada sales.	D. _____
5. Subtract Line D from Line C to determine any 2014 escrow obligation still due.	E. _____
ANY REQUIRED ESCROW PAYMENT FOR 2014 SALES MUST BE DEPOSITED INTO THE NEVADA SUB-ACCOUNT BY APRIL 15, 2015.	

The Financial Institution/Escrow Agent noted above is required to provide **directly** to the Tobacco Enforcement Division of the Nevada Attorney General's Office the following:

1. Proof of amount and date of deposit to Nevada's sub-account for 2014 sales.
2. Current account ledger of the NPM's sub-account for Nevada.

PART IV: NON-PARTICIPATING MANUFACTURER REGISTERED AGENT

- A. Is the NPM 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 acceptance letter from the registered agent. **EXHIBIT** _____

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

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PART V: PACT ACT COMPLIANCE

- A. Has the NPM registered under the PACT Act with the ATF? Yes No
- B. Has the NPM registered with the Nevada Department of Taxation? Yes No
- C. If applicable, has the NPM filed all monthly PACT Act reports with the Nevada Department of Taxation and the Nevada Attorney General's Office for 2014? Yes No
- D. If the NPM responded 'no' to questions A, B, or C, please provide an explanation for each 'no' response. **EXHIBIT(S)** _____

PART VI: ACTIONS AGAINST THE TOBACCO PRODUCT MANUFACTURER

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

The NPM is under a continuing obligation to supplement any of its responses to questions A, B, C, D, or E 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 NPM MUST sign this form and have it notarized.

Under penalty of perjury, I certify that:

The NPM 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 NPM. Through my position with the NPM, I am authorized to certify on behalf of the NPM and can legally bind the NPM;

I understand that the Attorney General may require additional information and/or documentation to determine if the NPM 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 that under Nevada law, the NPM 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 NPM I understand that the NPM 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 this completed Certificate of Compliance and attached exhibits along with the original executed and notarized Affidavit of Tobacco Product Manufacturer to:

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

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