



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
5420 Kietzke Lane, Suite 202
Reno, Nevada 89511

PARTICIPATING MANUFACTURER (PM) CERTIFICATE OF COMPLIANCE
FORM BOT-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 (FEIN)	
If located in U.S.: 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.

**PM ANNUAL CERTIFICATE OF COMPLIANCE
FORM BOT-TOB1**

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.

NOTE: The State of Nevada will not process incomplete or illegible certifications.

**PM ANNUAL CERTIFICATE OF COMPLIANCE
FORM BOT-TOB1**

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 a current importer’s permit issued by the TTB that will be used in connection with the importation of the PM’s tobacco product(s). Also provide copies of any manufacturing or importer licenses, certificates, permits or similar documents issued by the country where the PM tobacco product manufacturing takes place. Include copies of a map(s) clearly depicting the physical location of foreign-permitted PM tobacco manufacturing/fabrication plant(s) involved and photographs of the plant(s) interior preferably showing tobacco manufacturing/fabrication equipment. **EXHIBITS ____ & ____**
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. 2015 Brand Identification (Annual Certification Only)

List all brand families sold by the PM in Nevada in 2015. Provide attachment if needed. **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. 2016 Brand Identification for 2016 Directory Listing (All PM Certifications)

List all brand families intended for sale in Nevada during 2016. For each brand family, provide the expiration date of the Nevada Fire Standard Compliant Cigarette Certification.

Brand Family Name	Cigarettes or RYO (Select)	Name/Address of Product Manufacturer	NV FSC Expiration Date
	<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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**PM ANNUAL CERTIFICATE OF COMPLIANCE
FORM BOT-TOB1**

C. 2016 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 2016 and a copy of a current Fire Standard Compliant Cigarette Certificate issued by the Nevada State Fire Marshal for each identified style. **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 a current trademark use agreement signed by all parties involved. **EXHIBIT** _____

D. 2016 DISTRIBUTOR INFORMATION

Provide the contact information for all Nevada licensed distributors the PM intends to use in 2016 for distribution in Nevada. Alternatively, this information may be provided in an attached exhibit. **EXHIBIT** _____

Distributor Name	Contact Name/Title
Distributor Address	Distributor Phone
Distributor Name	Contact Name/Title
Distributor Address	Distributor Phone
Distributor Name	Contact Name/Title
Distributor Address	Distributor Phone

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FORM BOT-TOB1

PART III: 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. Has the PM filed all monthly PACT Act reports with the Nevada Department of Taxation and the Nevada Attorney General's Office for 2015 shipments made into Nevada?
 Yes No Not Applicable
- D. If the PM responded 'No' or "Not applicable" to questions A, B, or C, please attach an explanation for each response. **EXHIBIT** _____

PART IV: PARTICIPATING MANUFACTURER REGISTERED AGENT

- A. Is the PM registered to do business in Nevada? Yes No
- B. Provide the name and contact information of 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 V: 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 a party to any crime or civil action litigation 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 VI: 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 is true, correct, and complete;

I understand under Nevada Chapter 370.670 (2), 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 (Section VI), to:

Nevada Attorney General's Office
Tobacco Enforcement Unit
Attn: Elizabeth Hickman, Deputy Attorney General
5420 Kietzke Lane, Suite 202
Reno, Nevada 89511
(775) 687-2144 or tobaccoenforcement@ag.nv.gov

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