



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

**NON-PARTICIPATING MANUFACTURER (NPM) CERTIFICATE OF COMPLIANCE**  
FORM BOT-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 (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 NPM is responsible for updating its contact information with the Nevada Attorney General's Office if 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 this certification.

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**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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**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 permit, 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 a current importer’s permit issued by the TTB that is used in connection with the importation of the NPM’s tobacco product(s). Also provide copies of any manufacturing or importer licenses, certificates, permits or similar documents issued by the country where the NPM tobacco product manufacturing takes place. Provide copies of a map(s) clearly depicting the physical location of foreign-permitted NPM 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 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. 2015 Brand Identification and Sales Volume (NPM Annual Certification Only. Skip this part for Initial or Supplemental Certification and proceed to PART II B.)**

1. List all NPM brand families sold in 2015. The NPM affirms the brand families are its cigarettes for the purposes of calculating 2015 escrow payments under NRS 370A. **EXHIBIT \_\_\_\_\_**

Brand Family Name	Select Cigarette or RYO	Total 2015 Units Sold in Nevada <sup>1</sup> <small>(For RYO, convert ounces to sticks &amp; enter below)</small>
	<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	

<sup>1</sup> 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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**B. Brand Identification for 2016 Directory Listing for All NPM Certifications**

- List below all brand families intended for sale in Nevada in 2016, the name and address of the Product Manufacturer, and the Nevada Fire Standard Compliance certification expiration. This information may also be attached. **EXHIBIT \_\_\_\_\_**

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		

- Provide sample packaging for **each** brand family listed above. **EXHIBIT \_\_\_\_\_**  
 Check if previously submitted packaging samples have not changed. Do not resubmit.
- For each cigarette brand family, provide a list of styles to be sold in Nevada in 2016 along with a copy of a current Fire Standard Compliant Cigarette Certificate issued by the Nevada State Fire Marshal for each style. **EXHIBIT \_\_\_\_\_**
- Provide a copy of the **current** Federal Trade Commission (FTC) approval letter for health-warning rotation plan for all brand families. Info: <http://www.ftc.gov>. **EXHIBIT \_\_\_\_\_**
- Provide a copy of the **current** Centers for Disease Control (CDC) ingredient-listing compliance letter(s) pertaining to the above brands of cigarettes. Info: <http://www.cdc.gov>. **EXHIBIT \_\_\_\_\_**
- 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 a current trademark use agreement signed by all parties involved. **EXHIBIT \_\_\_\_\_**
- Provide the name and contact information for all Nevada-licensed distributors the NPM intends to use for distribution of its brand families in 2016 below or attach. **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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**PART III: ESCROW ACCOUNT INFORMATION**

**A. Escrow Account Information**

The NPM has established and maintains the following qualified escrow fund account pursuant to NRS Chapters 370 & 370A:

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

1. Provide an executed copy of the NPM's current Escrow Agreement. **EXHIBIT \_\_\_\_\_**
2. The Financial Institution/Escrow Agent noted above is required to provide **directly** to the Nevada Attorney General's Office Tobacco Enforcement Unit the following:
  - Proof of amount and date of deposit to Nevada's sub-account for 2015 Nevada sales.
  - Current account ledger of the NPM's sub-account for Nevada.

**B. Escrow Deposits Made by NPMs for Nevada 2015 Sales (NPM Annual Certification Only)**

Provide the date and amount of all 2015 quarterly deposits as well as any additional deposits and/or withdrawals. Any withdrawals must comply with NRS Chapter 370A and verification must be provided.

<b>2015 Sales Year</b>	<b>Date Deposit / Withdrawal</b>	<b>Amount Deposit / Withdrawal</b>
1 <sup>st</sup> Quarter Deposit		
2 <sup>nd</sup> Quarter Deposit		
3 <sup>rd</sup> Quarter Deposit		
4 <sup>th</sup> Quarter Deposit		
Additional Deposit / Withdrawal		
Additional Deposit / Withdrawal		
Additional Deposit / Withdrawal		
<b>Total Escrow Deposited</b>		

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**C. Escrow Calculation & Deposit for NPMs for 2015 Nevada Sales (NPM Annual Certification Only)**

1. On Line A enter the total units sold by the NPM in Nevada during calendar year 2015. (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 2015 (\$0.0188482), plus the inflation adjustment for 2015 (\$0.0129565).	B. <u>\$0.0318047</u>
3. Multiply Line A and B to determine the total escrow due for 2015 sales.	C. _____
4. Show on Line D the total of all escrow deposits previously made for 2015 Nevada sales.	D. _____
5. Subtract Line D from Line C to determine any 2015 escrow obligation still due. (Additional Escrow Owed Amount will display in red. Escrow overpayment amount will display in black.)	E. _____

**ADDITIONAL 2015 ESCROW OWED MUST BE DEPOSITED INTO THE NEVADA SUB-ACCOUNT BY APRIL 15, 2016.**

**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 of 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

**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 2015?  Yes  No Not Applicable
- D. If the NPM responded 'No' or "Not Applicable" to questions A, B, or C, please provide an explanation for each response. **EXHIBIT** \_\_\_\_\_

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**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 a party to 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 is true, correct, and complete;

I understand that under Nevada Chapter 370.670 (2), 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: Elizabeth Hickman, Deputy Attorney General  
5420 Kietzke Lane, Suite 202  
Reno, NV 89511  
(775) 687-2144  
[tobaccoenforcement@ag.nv.gov](mailto:tobaccoenforcement@ag.nv.gov)

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