



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

NON-PARTICIPATING MANUFACTURER (NPM) CERTIFICATE OF COMPLIANCE
FORM B&TD-TOB2

PART I: TOBACCO PRODUCT NON-PARTICIPATING MANUFACTURER IDENTIFICATION

2019 NPM CERTIFICATE OF COMPLIANCE

CHECK CERTIFICATION TYPE: INITIAL ANNUAL SUPPLEMENTAL

A. Current Company Information

Company Name	
Mailing Address	
City/State/Zip/Country	
Telephone Number	E-Mail Address
Website	Additional Website, if owned
Name/Title of Company Contact	Company Contact E-Mail Address
Name/Title of Company Contact	
Address of Manufacturing Plant(s)	
City/State/Zip/Country	Phone 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

NOTE: 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.

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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, as applicable to corporate status. If the NPM previously submitted the 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. Manufacturing Permits, Licenses, and Disclosures

NOTE: Check "N/A" boxes below if no changes have been made to previously submitted documents.

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.
EXHIBITS ___ & ___ **N/A**
2. If the NPM is located outside of the U.S., provide copies of the following:
 - a) A current importer's permit issued by the TTB that is used in connection with the importation of the NPM's tobacco product(s). **EXHIBITS ___ & ___** **N/A**
 - b) A current original Nevada Importer Joint & Several Liability FORM B&TD-TOB5 completed and signed by the NPM's TTB permitted importer. **EXHIBIT ___**
 - c) Current copies of any manufacturing or importer licenses, certificates, permits or similar documents issued by the country where the NPM tobacco product manufacturing takes place. **EXHIBITS ___ & ___**
 - d) Current copies of a map(s) clearly depicting the physical location of the foreign-permitted NPM tobacco manufacturing/fabrication plant(s) involved and photographs of the plant(s) interior preferably showing tobacco manufacturing/fabrication equipment.
EXHIBITS ___ & ___ **N/A**
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. If the NPM manufactures any tobacco products for any other entity, please provide the other entity's name, address, contact information, and tobacco product brand names involved. **EXHIBIT ___**
5. 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 all NPMs to post a corporate security bond in a statutorily prescribed amount, as set forth in NRS 370.682. The Nevada Tobacco Manufacturer Surety Bond Form B&TD-TOB6 must be completed and attached to this certification. **EXHIBIT _____**

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PART II: BRAND IDENTIFICATION AND SALES INFORMATION

A. 2018 Brand Identification and Sales Volume (For NPM Annual Certification only):

List all NPM brand families sold in 2018. The NPM affirms the brand families are its cigarettes for the purposes of calculating 2018 escrow payments under NRS 370A. **EXHIBIT _____**

Brand Family Name	Cigarette or RYO	Total 2018 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	
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	

B. Brand Identification for 2019 Directory Listing for All NPM Certifications:

List below all brand families intended for sale in Nevada in 2019 and the Nevada Fire Standard Certification expiration date. This information may also be attached. **EXHIBIT _____**

Brand Family Name	Cigarette or RYO	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	
	<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	

- For each cigarette brand family, provide a list of styles to be sold in Nevada in 2019 along with a copy of a current Fire Standard Compliant Cigarette Certificate issued by the Nevada State Fire Marshal for each style. All style names must match the styles listed on the Nevada Fire Standard Compliant Certificate. **EXHIBIT _____**
- Provide a copy of the **current** Federal Trade Commission (FTC) approval letter(s) 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 _____**
- Provide sample packaging for **each** brand family listed above. Electronic format is preferred. **EXHIBIT _____**

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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5. 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 _____**
 Check if no changes to previously submitted trademarks.
6. Provide a current listing of all Universal Product Code (UPC) numbers associated with each brand family listed above. Ensure the listing includes the UPC numbers for packs, cartons and cases. **EXHIBIT _____** *Check if no changes to previously submitted UPC numbers.*
7. Provide below, the name and contact information for all Nevada-licensed distributors the NPM intends to use for distribution of its brand families in 2019 or attach list as an 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
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
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
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	Contact Name / Title
Address	City/State/Zip/Country
Telephone Number	Email Address:
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 all Nevada sales.
 - Current account ledger of the NPM's sub-account for Nevada.

B. Escrow Deposits Made by NPMs for Nevada 2018 Sales (NPM Annual Certification Only)

Provide the date and amount of all 2018 quarterly deposits as well as any additional deposits and/or withdrawals. Any withdrawals must comply with NRS Chapter 370A and verification must be provided.

2018 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		
Additional Deposit / Withdrawal		
Total Escrow Deposited		

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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) acceptance letter from the Registered Agent. **EXHIBIT** ____

Name of Registered Agent	Company Name of Registered Agent, if applicable
Address	City/State/Zip
Telephone Number	Fax Number

PART V: PACT ACT COMPLIANCE

- A. Has the NPM submitted a PACT Act registration form with the ATF? Yes No
- B. Has the NPM supplied the Nevada Department of Taxation and the Nevada Attorney General's Office with a copy of the ATF PACT Act registration form? Yes No
- C. Has the NPM filed all monthly PACT Act reports with the Nevada Department of Taxation and the Nevada Attorney General's Office for 2018 shipments into Nevada? Yes No
- D. Has the NPM filed all monthly PACT Act reports with the State Attorney General's Office of every state into which it shipped cigarettes in 2018? Yes No Not Applicable
- E. Is the NPM in full compliance with NRS 370.327, if required? Yes No Not Applicable
- F. If the NPM responded "No" or "Not Applicable" to questions A, B, C, D, or E, please provide an explanation for each response. **EXHIBIT** _____

PART VI: ACTIONS AGAINST THE TOBACCO PRODUCT MANUFACTURER

- A. During the last five years, has the NPM been delisted, decertified or removed from another state's tobacco directory, either voluntarily or involuntarily, 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 named a party in a criminal or civil proceeding related 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)** _____

NOTE: 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 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 Nevada 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.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Name of Officer

Title

Signature of Officer
(E-signature)

Date

Email this completed and signed Certificate of Compliance and any attached exhibits to the Nevada Attorney General's Office - Tobacco Enforcement Unit:

tobaccoenforcement@ag.nv.gov

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