



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

**PARTICIPATING MANUFACTURER (PM) CERTIFICATE OF COMPLIANCE  
FORM B&TD-TOB1**

**PART I: TOBACCO PRODUCT PARTICIPATING MANUFACTURER IDENTIFICATION**

**2019 PM CERTIFICATE OF COMPLIANCE**

**CHECK CERTIFICATION TYPE:** INITIAL  ANNUAL  SUPPLEMENTAL

**A. 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
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 PM is responsible for updating its contact information with the Nevada Attorney General's Office if it changes during the course of the year.

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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, 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**

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

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 .  
**EXHIBITS \_\_\_ & \_\_\_ N/A**
  
2. If the PM 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 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 \_\_\_ & \_\_\_ N/A**
  
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.  
**EXHIBITS \_\_\_ & \_\_\_**
  
4. If the PM manufactures any tobacco products, other than those listed in Part II (A) 1-2, for any other entity, please provide the other entity's name, address, contact information, and tobacco product brand names involved. **EXHIBITS \_\_\_ & \_\_\_**

**PART II: BRAND FAMILY IDENTIFICATION**

**A. 2018 Brand Identification (PM Annual Certification Only)**

List all brand families sold by the PM in 2018. 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
	<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
	<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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**B. 2019 Brand Identification for 2019 Directory Listing for All PM Certifications**

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

<b>Brand Family Name</b>	<b>Cigarettes or RYO</b>	<b>NV FSC Expiration Date</b>
	<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	
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	<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	

Provide a sample of the packaging of each brand family listed above. **EXHIBIT \_\_\_\_\_**

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**B. 2019 Brand Compliance with Federal and State Requirements**

1. 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** \_\_\_\_\_
2. 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** \_\_\_\_\_
3. 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** \_\_\_\_\_
4. 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. Do not resubmit.
5. 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. Do not resubmit.
6. Provide the contact information below for all Nevada licensed distributor the PM intends to use in 2019 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
Distributor Name	Contact Name/Title
Distributor Address	Distributor Phone
Distributor Name	Contact Name/Title
Distributor Address	Distributor Phone

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**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 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 PM filed all monthly PACT Act reports with the Nevada Department of Taxation and the Nevada Attorney General's Office for 2018 shipments made into Nevada?  
 Yes  No  Not Applicable
- D. Has the PM 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
- E. Is the PM in full compliance with NRS 370.327, if required?  Yes  No  Not Applicable
- F. If the PM responded "No" or "Not Applicable" to questions A, B, C, D, or E, please provide 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) 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, decertified or removed from another state's tobacco directory, either voluntarily or involuntarily, 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 named a party in a criminal or civil proceeding related 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 provide 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 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. 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.

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:

**[tobaccoinforcement@ag.nv.gov](mailto:tobaccoinforcement@ag.nv.gov)**

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