



**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

2020 PM CERTIFICATE OF COMPLIANCE

CHECK CERTIFICATION TYPE: INITIAL ANNUAL

A. Company Information

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

B. 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. **EXHIBIT** _____

Check here if no changes have been made to previously submitted organizing documents.

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

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C. Manufacturer Permits, Licenses, and Disclosures

NOTE: Check the "No Changes" box below if no changes have been made to previously submitted documents. If the question does not include a "No Changes" box option, you must resubmit the requested documents even if they have been previously submitted.

1. If the PM is located in the United States, please provide copies of the following:
 - a. Current TTB Manufacturer or Importer Permit
EXHIBIT____ **No Changes** **Not Applicable**
 - b. A map clearly depicting the physical location of the TTB-permitted tobacco manufacturing/fabrication plant and photographs of the plant interior showing tobacco manufacturing/fabrication equipment. **EXHIBIT**____ **No Changes** **Not Applicable**
2. If the PM is located outside of the U.S., please provide copies of the following:
 - a. A current Importer Permit issued by the TTB that is used in connection with the importation of the PM's tobacco products. **EXHIBIT**____ **No Changes** **Not Applicable**
 - b. Current copies of any manufacturing or importer licenses, certificates, permits or similar documents issued by the country where the PM tobacco product manufacturing takes place. **EXHIBIT**____ **No Changes** **Not Applicable**
 - c. Current copies of a map clearly depicting the physical location of the foreign-permitted PM tobacco manufacturing/fabrication plant involved and photographs of the plant interior preferably showing tobacco manufacturing/fabrication equipment. **EXHIBIT**____ **No Changes** **Not Applicable**
3. If any of the brand families or styles being certified 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 or style.
EXHIBITS ____ & ____ **Not Applicable**
4. If, during the previous calendar year through the present, the PM manufactured any cigarette brand or style, other than those listed in Part II, for any other entity, provide the other entity's name, address, contact information, and identify the tobacco product brand family and style manufactured.
EXHIBIT ____ **Not Applicable**

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PART II: BRAND FAMILY IDENTIFICATION

A. 2019 Brand and Style Identification

Attach a list of all brand families and styles sold by the PM in Nevada in 2019. **EXHIBIT** _____

B. Brand and Style Identification for 2020 Directory Listing

1. Attach a list of all brand families intended for sale in Nevada during 2020. **EXHIBIT** _____

2. For each brand family, attach a list of styles to be sold in Nevada during 2020 along with a current copy of the Nevada Fire Standard Compliance (FSC) Certification for each style. All style names must match the styles listed on the FSC Certificates. **EXHIBIT** _____

3. Provide packaging for **each** brand family and style listed above. **EXHIBIT** _____

C. Compliance with Federal and State Requirements

1. Provide a copy of the **current** Federal Trade Commission (FTC) approval letter(s) for health-warning rotation plans for all brand families and styles listed above. **EXHIBIT** _____

2. Provide a copy of the **current** Centers for Disease Control (CDC) ingredient-listing compliance letter(s) pertaining to the above brands of cigarettes. **EXHIBIT** _____

3. Trademark Information

a. Attach a current list of serial numbers for each brand family trademark licensed by the PM with the United States Patent and Trademark Office. **EXHIBIT** _____

b. If any brand trademarks are owned by someone other than the PM, attach an executed copy of all related agreements. **EXHIBIT** _____ **Not Applicable**

4. Provide a current list of all Universal Product Code (UPC) numbers associated with each style listed above. Ensure the list includes the UPC numbers for packs, cartons, and cases.

EXHIBIT _____ **No Changes**

5. Attach a list of all Nevada licensed distributors the PM intends to use in 2020 for distribution in Nevada. **EXHIBIT** _____

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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 filed all monthly PACT Act reports with the Nevada Department of Taxation and the Nevada Attorney General's Office for 2019 shipments made into Nevada?
Yes No Not Applicable
- C. Has the PM filed all monthly PACT Act reports with the Attorney General's Office of every state into which it shipped cigarettes in 2019? Yes No
- D. Is the PM in full compliance with NRS 370.327, if required? Yes No Not Applicable
- E. If the PM responded "No" or "Not Applicable" to questions A, B, C, or D, 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 a current Nevada Registered Agent letter (dated this year) demonstrating the registered agent has accepted this appointment. The letter must include the registered agent's mailing address, phone number and email address. **EXHIBIT** _____

PART V: ACTIONS AGAINST THE TOBACCO PRODUCT MANUFACTURER

- A. During the last 18 months, has the PM, or any of its brand families or styles, been delisted, decertified or removed from any other state's tobacco directory, either voluntarily or involuntarily, or did any other state refuse to list the PM, or any of its brand families or styles, on its state tobacco directory? Yes No
- B. Has the PM been enjoined or banned from selling, shipping or distributing cigarettes pursuant to any court order or 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. Has the PM, or its owners or officers, been named a party in a criminal or civil proceeding related to the payment of taxes? Yes No
- E. If the PM responded 'yes' to questions A, B, C or D, please provide a detailed explanation for each 'yes' answer in an attachment. **EXHIBIT(S)** _____

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PART VI: AFFIDAVIT OF TOBACCO PRODUCT MANUFACTURER

I certify that:

The PM named in Part I is in full compliance with all applicable sections of NRS Chapters 370 and 370A;

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 NRS 370.255(1)(c), 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;

I understand the requests for information made in this Certificate of Compliance are brought in accordance with, and pursuant to, NRS 370.670 and NRS 370.685(4);

I understand I am under a continuing obligation to amend any responses to the questions asked in this certification if there are changes over the course of the year;

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

Title

Signature
(E-signature)

Date

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

tobaccoenforcement@ag.nv.gov

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