



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City, Nevada 89701-4717

**NON-PARTICIPATING MANUFACTURER (NPM) INITIAL CERTIFICATE OF COMPLIANCE
FORM BOL-TOB1**

PART I: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

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	
If located in US: TTB Tobacco Manufacturer Permit Number	Expires
Nevada Manufacturer License Number	Date of Issuance

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. Nevada Statute requires the NPM to update 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 annual certification.

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B. Company Officers and Owners

Provide a complete list of the NPM's officers and owners. For the purpose of this section, an owner is considered any person with an equity interest of 10% or more in the company.

Alternatively, 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
Officer/Owner Name	Title
Address	
City/State/Zip/Country	E-mail Address
Telephone Number	Fax Number

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C. Corporate or Business Documents

Attach current copies of articles of incorporation, corporate charters, certificates of corporate existence, operating agreements, and bylaws or extracts of stockholders' meetings, as applicable to corporate status.

ATTACHED AT EXHIBIT _____

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 permit. **ATTACHED AT EXHIBIT _____**
2. If the NPM is located outside of the U.S., provide copies of any manufacturing or importer licenses, certificates, permits or similar documents issued by the country where the manufacturing takes place. **ATTACHED AT EXHIBIT _____**
3. The NPM submitted 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). **ATTACHED AT 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-TOB 7 must be completed and attached to this certification.

ATTACHED AT EXHIBIT _____

PART II: BRAND IDENTIFICATION

A. Brand Identification

List all brand families for which the NPM is seeking certification.

Alternatively, this information may be provided in an attached exhibit. **EXHIBIT _____**

Brand Family Name	Cigarette or RYO	Fire Standard Compliant 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	

B. Brand Compliance with Federal and State Requirements

1. Provide a sample of the packaging of **each** brand family.

ATTACHED AT EXHIBIT _____

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2. For each brand family, provide a copy of the Fire Standard Compliant Cigarette Certificate issued by the Nevada State Fire Marshal.

ATTACHED AT EXHIBIT _____

3. For each brand family, provide a list of styles that will be sold in the State of Nevada. All styles offered for sale must be listed in the Fire Standard Compliant Cigarette Certificate.

ATTACHED AT EXHIBIT _____

4. The NPM is the fabricator of all brand families for which the NPM is seeking certification (this includes cigarettes intended to be sold in the United States through an importer).
 Yes No

If the NPM is not the fabricator of all brand families, provide the name and address of the fabricator of the brand families, and the basis for seeking to have the brand families certified by the NPM. Provide documentation to support your claims, including copies of every agreement between the NPM and the fabricator.

ATTACHED AT EXHIBIT _____

5. For each brand family, provide documentation sufficient to demonstrate trademark ownership. If the trademark is owned by an entity other than the NPM, provide copies of any agreements between the NPM and trademark owner.

ATTACHED AT EXHIBIT _____

6. Provide a copy of the **current** Federal Trade Commission (FTC) approval letter for health-warning rotation plan for each brand family. For additional information, please visit <http://www.ftc.gov>.

ATTACHED AT EXHIBIT _____

7. Provide a copy of the **current** Centers for Disease Control (CDC) ingredient-listing (cigarettes only) compliance letter(s) for each brand family. For additional information, please visit <http://www.cdc.gov>.

ATTACHED AT EXHIBIT _____

PART III: DISTRIBUTOR INFORMATION

Provide the name and contact information for all Nevada-licensed distributors the NPM intends to use for distribution of its brand families in 2014.

Alternatively, this information may be provided in an attached exhibit. **EXHIBIT _____**

Distributor Name		Contact Name/Title	
Distributor Address		Distributor Phone	
Brand Family	Cigarettes or RYO <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	Brand Family	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

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Distributor Name		Contact Name/Title	
Distributor Address		Distributor Phone	
Brand Family	Cigarettes or RYO	Brand Family	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
Distributor Name		Contact Name/Title	
Distributor Address		Distributor Phone	
Brand Family	Cigarettes or RYO	Brand Family	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
Distributor Name		Contact Name/Title	
Distributor Address		Distributor Phone	
Brand Family	Cigarettes or RYO	Brand Family	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

PART IV: QUALIFIED ESCROW ACCOUNT INFORMATION

The NPM identified in Part I has established the following qualified escrow fund under NRS Chapter 370A:

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

Provide an executed copy of the NPM's current Escrow Agreement and an account statement to demonstrate the Nevada sub-account has been opened.

ATTACHED AT EXHIBIT _____

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PART V: NON-PARTICIPATING MANUFACTURER REGISTERED AGENT

Provide the name and contact information from a Nevada Registered Agent and attach a current (dated this year) original letter from the registered agent accepting this appointment. Alternatively, this information may be provided in an attached exhibit. **EXHIBIT _____**

Name of Registered Agent	
Address	
City/State/Zip	
Telephone Number	Fax Number

PART VI: PACT ACT REGISTRATION AND 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 the NPM responded 'no' to questions A or B, please provide an explanation for each 'no' response using the Explanation Page form BOL-TOB8.
ATTACHED AT EXHIBIT _____
- D. List all known entities that will be shipping the NPM's product into Nevada. This includes all known entities that ship product to tribal reservations located in Nevada.
ATTACHED AT EXHIBIT _____

PART VII: ACTIONS AGAINST TOBACCO PRODUCT MANUFACTURER

- A. During the last year, has the NPM been delisted in any other state, or did any other state refuse to list the NPM on its state tobacco directory? Yes No
- B. 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
- C. Has the NPM, or owner or officer, been convicted of any crime relating to the manufacture, sale or distribution of tobacco products in any state? Yes No
- D. To the best knowledge of the NPM, over the last year has there been any investigation of the NPM, or an owner or officer, regarding the commission of any crime 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 an explanation for each 'yes' response using the Explanation Page form BOL-TOB8.
ATTACHED AT EXHIBIT _____
- F. **The NPM 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 VIII: 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 and 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, including attachments and supporting documents, is true, correct, and complete;

I understand that under Nevada law, 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: _____

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NPM Initial Certification Checklist

- Up-to-date company contact information and a Nevada Manufacturer's License number has been provided within this certification.
- A complete list of the Company's officers or owners has been provided within this certification or attached as an exhibit to this certification.
- Current copies of articles of incorporation, corporate charters, certificates of corporate existence, operating agreements, bylaws and/or extracts of stockholders' meetings are attached as an exhibit to this certification.
- Current TTB license or equivalent foreign licensure and importing license are attached as an exhibit to this certification.
- The NPM submitted 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).
- A bond has been posted and the Nevada Bond Security Form has been filled out and attached as an exhibit to this certification.
- A complete list of brand families and styles have been provided within this certification or attached as an exhibit to this certification
- Sample packaging for each brand family is attached as an exhibit to this certification.
- Copies of all Fire Standard Compliant Cigarettes Certificates for all brands and styles sought to be included on the Nevada Tobacco Directory are attached as an exhibit to this certification.
- If the NPM is not the fabricator of any brand family for which it is seeking directory listing, copies of all contracts between the NPM and fabricator are attached as an exhibit to this certification.
- If the NPM does not hold the trademark to any brand family for which it is seeking directory listing, copies of all contracts between the NPM and the trademark holder are attached as an exhibit to this certification.
- A current FTC letter for each brand family is attached as an exhibit to this certification.
- A current CDC letter for each brand family is attached as an exhibit to this certification.
- A complete list of Nevada licensed distributors has been provided within this certification or attached as an exhibit to this certification.
- An escrow agent has been identified, a current copy of the NPM's escrow agreement, including all addendums is attached as an exhibit to this certification, and an escrow account statement has been attached as an exhibit to this certification.
- A Nevada Registered Agent has been identified and a copy of a letter accepting appointment is attached as an exhibit to this certification.
- The NPM has registered with both the ATF and the Nevada Department of Taxation under the PACT Act and has provided a list of all known entities that will be shipping product into Nevada as an attached exhibit to this certification.
- If the NPM answered 'yes' to any question regarding actions against the Company in Part VII, the NPM provided an explanation for each 'yes' response using the Explanation Page form BOL-TOB8.
- The Affidavit of Tobacco Manufacturer, contained in Part VIII, has been signed and notarized and the original is included with this certification.

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: Hillary A. Bunker
100 North Carson Street
Carson City, Nevada 89701
(775) 684-1209

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