



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

PARTICIPATING MANUFACTURER (PM) INITIAL CERTIFICATE OF COMPLIANCE
FORM BOL-TOB4

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 PM 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.

B. Manufacturers Permits and/or Licenses

If the PM is located within the United States, attach a copy of the PM's current TTB permit.
ATTACHED AT EXHIBIT _____

If the PM is located outside of the United States, 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 _____

PART II: BRAND IDENTIFICATION

A. Brand Identification

List all brand families for which the PM 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 _____
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.
ATTACHED AT EXHIBIT _____
4. The PM is the fabricator of all brand families for which the PM is seeking certification
 Yes No

If the PM is not the fabricator of all brand families, on a separate sheet of paper 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 PM. Provide documentation to support your claims, including copies of every agreement between the PM and the fabricator.
ATTACHED AT EXHIBIT _____

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

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5. For each brand family, provide documentation sufficient to demonstrate trademark ownership. If the trademark is owned by an entity other than the PM, provide copies of any agreements between the PM 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. If the FTC approval letter is not issued in the name of the PM, please describe the relationship between the named entity and the PM. 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. If the CDC compliance letter is not issued in the name of the PM, please describe the relationship between the named entity and the PM. For additional information, please visit <http://www.cdc.gov>.

ATTACHED AT EXHIBIT _____

PART III: DISTRIBUTOR INFORMATION

Provide the contact information for all Nevada licensed distributors the PM intends to use. Alternatively, this information may be provided in an attached exhibit. **EXHIBIT _____**

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
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
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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PART IV: PACT ACT REGISTRATION AND COMPLIANCE

- A. Has the PM registered under the PACT Act with the ATF? Yes No
- B. Has the PM registered with the Nevada Department of Taxation? Yes No
- C. If the PM 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 PM's product into Nevada. This includes all known entities that ship product to tribal reservations located in Nevada.
Alternatively, this information may be provided in an attached exhibit. **EXHIBIT _____**

Shipper Name	Shipper Address	Brand(s) Shipping

- E. Identify the registered agent authorized to accept service on the PM's behalf in Nevada.

Name of Nevada registered agent	
Registered agent address	
City/State/Zip/Country	
Telephone number	Fax number

PART V: ACTIONS AGAINST THE TOBACCO PRODUCT MANUFACTURER

- A. During the last year, has the PM been delisted in any other state, 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 been convicted of any crime relating to the manufacture, sale or distribution of tobacco products in any state? Yes No

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- D. To the best knowledge of the PM, has there been any investigation of the PM regarding the commission of any crime relating to the manufacture, sale or distribution of tobacco products in any state over the last year? Yes No
- E. If the PM 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 _____

PART VI: AFFIDAVIT OF TOBACCO PRODUCT MANUFACTURER

An authorized officer of the PM MUST sign this form and have it notarized.

Under penalty of perjury, I certify that:

The PM named in Part I, as of the date of the certification, is a PM 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 Attorney General may require additional information and/or documentation to determine if applicant 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 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.

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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PM Initial Certification Checklist

- Up to date company contact information and a Nevada Manufacturer's License have been provided within this certification.
- A current TTB license or equivalent foreign licensure and importing license are attached 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 Cigarette 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 PM is not the fabricator of any brand family for which it is seeking directory listing, copies of all contracts between the PM and fabricator are attached as an exhibit to this certification.
- If the PM does not hold the trademark to any brand family for which it is seeking directory listing, copies of all contracts between the PM 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 or attached as an exhibit to this certification.
- The PM 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 the PM's product into Nevada as an attached exhibit to this certification.
- A Nevada Registered Agent has been identified in this certification or in an attached exhibit to this certification.
- If the PM responded 'yes' to questions A, B, C, or D in Part V, the PM provided an explanation for each 'yes' response using the Explanation Page form BOL-TOB8.
- The Affidavit of Tobacco Manufacturer, contained in Part VI, has been signed and notarized and the original is included with this certification.

Mail this completed Certificate of Compliance and attachments, 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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