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

PARTICIPATING MANUFACTURER (PM) ANNUAL CERTIFICATE OF COMPLIANCE

FORM BOL-TOB5

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

☐ Please check if contact information has changed since the last annual certification.

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. 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.

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 this Certification.

PART II: BRAND FAMILY IDENTIFICATION

A. 2013 Brand Identification

List all brand families sold by the PM in 2013. By listing these brand families, the PM affirms the listed brand families are its cigarettes for the purpose of calculating 2013 payments under the Master Settlement Agreement.
Alternatively, this information may be provided in an attached exhibit. **EXHIBIT _____**

Brand Family Name	Cigarettes or RYO	Brand Family Name	Cigarettes or RYO
	☐Cigarette ☐RYO		☐Cigarette ☐RYO
	☐Cigarette ☐RYO		☐Cigarette ☐RYO
	☐Cigarette ☐RYO		☐Cigarette ☐RYO
	☐Cigarette ☐RYO		☐Cigarette ☐RYO

B. 2014 Brand Identification

List all brand families intended for sale in Nevada during 2014. For each brand family, provide the expiration date of the Nevada Fire Standard Compliant Cigarette Certification and the year the brand family was initially listed on the Nevada Tobacco Directory.
Alternatively, this information may be provided in an attached exhibit. **EXHIBIT _____**

Brand Family Name	Cigarettes or RYO	Fire Standard Compliant Expiration Date	Year of Initial Directory Listing
	☐Cigarette ☐RYO		
	☐Cigarette ☐RYO		
	☐Cigarette ☐RYO		
	☐Cigarette ☐RYO		
	☐Cigarette ☐RYO		
	☐Cigarette ☐RYO		
	☐Cigarette ☐RYO		
	☐Cigarette ☐RYO		

C. Brand Compliance with Federal and State Requirements

1. Provide a copy of the **current** Federal Trade Commission (FTC) approval letter for health-warning rotation plan. For additional information, please visit **http://www.ftc.gov**.
   ATTACHED AT EXHIBIT _____

2. Provide a copy of the **current** Centers for Disease Control (CDC) ingredient-listing (cigarettes only) compliance letter(s) pertaining to the above brand families. For additional information, please visit **http://www.cdc.gov**.
   ATTACHED AT EXHIBIT _____

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

3. For each brand family, provide a list of styles that will be sold in the State of Nevada during 2014.
   ATTACHED AT EXHIBIT _____

4. If PM is located within the United States, attach a copy of the PM's current TTB permit. 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 III: DISTRIBUTOR INFORMATION

Provide the contact information for all Nevada licensed distributors the PM intends to use in 2014. Alternatively, this information may be provided in an attached exhibit. **EXHIBIT _____**

Distributor Address			Distributor Phone
Brand Family	Cigarettes or RYO	Brand Family	Cigarettes or RYO
	☐Cigarette ☐RYO		☐Cigarette ☐RYO
	☐Cigarette ☐RYO		☐Cigarette ☐RYO
	☐Cigarette ☐RYO		☐Cigarette ☐RYO

Distributor Name	Contact Name/Title
Distributor Address	Distributor Phone

Brand Family	Cigarettes or RYO	Brand Family	Cigarettes or RYO
	☐Cigarette ☐RYO		☐Cigarette ☐RYO
	☐Cigarette ☐RYO		☐Cigarette ☐RYO
	☐Cigarette ☐RYO		☐Cigarette ☐RYO

Distributor Name	Contact Name/Title
Distributor Address	Distributor Phone

Brand Family	Cigarettes or RYO	Brand Family	Cigarettes or RYO
	☐Cigarette ☐RYO		☐Cigarette ☐RYO
	☐Cigarette ☐RYO		☐Cigarette ☐RYO
	☐Cigarette ☐RYO		☐Cigarette ☐RYO

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

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 registered with the Nevada Department of Taxation? ☐ Yes ☐ No

C. If the PM ships product into Nevada, has the PM filed all monthly PACT Act reports with the Nevada Department of Taxation and the Nevada Attorney General's Office for 2013? ☐ Yes ☐ No ☐ Not Applicable

D. If the PM responded 'no' to questions A, B, or C, please provide an explanation for each 'no' response using the Explanation Page form BOL-TOB8.
ATTACHED AT EXHIBIT _____

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 IV: 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

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(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.

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

PART V: 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 is in full compliance with all applicable sections of NRS Chapters 370 and 370A;

I am an authorized officer of the PM and 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, including attachments and supporting documents, is true, correct, and complete;

I understand 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: _____

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

PM Annual Certification Checklist

- ☐ **Up to date company contact information and a Nevada Manufacturer's License have been provided.**
- ☐ **A complete list of 2013 brands has been provided or attached as an exhibit to this certification.**
- ☐ **A complete list of 2014 brands and styles has been provided or attached as an exhibit to this certification.**
- ☐ **A current FTC letter for all 2014 brand families is attached as an exhibit to this certification.**
- ☐ **A current CDC letter for all 2014 brand families is attached as an exhibit to this certification.**
- ☐ **A current TTB or equivalent foreign licensure and importing license is attached as an exhibit to this certification.**
- ☐ **A complete list of the PM's Nevada licensed distributors has been provided or is attached as an exhibit to this certification.**
- ☐ **PM has registered with both the ATF and the Nevada Department of Taxation under the PACT Act and has filed all required monthly PACT Act reports.**
- ☐ **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 IV, is 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 (Section IV), to:

Nevada Attorney General's Office
Tobacco Enforcement Unit
Attn: Hillary A. Bunker
100 North Carson Street
Carson City, Nevada 89701
(775) 684-1209

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