



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

**SUPPLEMENTAL  
PARTICIPATING MANUFACTURER (PM) AND NON-PARTICIPATING MANUFACTURER (NPM)  
CERTIFICATE OF COMPLIANCE  
FORM BOL-TOB6**

**INSTRUCTIONS**

This form should only be used by a PM/NPM that already has at least one brand family listed on the Nevada Tobacco Directory. A PM/NPM that does have a brand family listed on the Nevada Tobacco Directory, must complete a PM or NPM Initial Certificate of Compliance to apply for directory listing.

The PM/NPM must provide all requested information and documentation for each brand family it seeks to list on the Nevada Tobacco Directory. A Fire Standard Compliant certification must be obtained from the Nevada State Fire Marshal **before** the Nevada Attorney General will approve listing of any new brand family. In addition, every style offered for sale in Nevada must be listed as Fire Standard Compliant cigarette by the Nevada State Fire Marshal.

**PART I: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION**

Company Name	
Address	
City/State/Zip/Country	
Telephone Number	Fax Number
E-Mail Address	Website
Name/Title of Company Contact	

Contact information has changed since the PM/NPM's previous annual certification.

The tobacco manufacturer is:

- A signatory to the Master Settlement Agreement, or a PM
- Not a signatory to the Master Settlement Agreement, or an NPM

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**PART II: BRAND IDENTIFICATION**

**A. Brand Identification**

1. List all brand families for which the PM/NPM is seeking supplemental 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	

2. List each distributor who will distribute one or more of the brand families, for which the PM/NPM is seeking supplemental certification. 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	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

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

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

1. Provide sample 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/NPM is the fabricator of all brand families which the manufacturer seeks supplemental certification (this includes cigarettes intended to be sold in the United States through an importer).  Yes  No

If PM/NPM response is 'No,' provide the name and address of the fabricator of the brand families and the basis for the PM/NPM seeking supplemental certification of the brand families. Provide documentation to support your claims, including copies of every agreement between the PM/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 PM/NPM, provide copies of any agreements between the PM/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. If the FTC approval letter is not issued in the name of the PM/NPM, please describe the relationship between the named entity and the PM/NPM. 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/NPM, please describe the relationship between the named entity and the PM/NPM. For additional information, please visit <http://www.cdc.gov>.  
**ATTACHED AT EXHIBIT \_\_\_\_\_**

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**PART III: AFFIDAVIT OF TOBACCO PRODUCT MANUFACTURER**

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

Under penalty of perjury, I certify that:

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

I am an authorized officer of the PM/NPM and through my position with the PM/NPM I am authorized to certify on behalf of the PM/NPM and can legally bind the PM/NPM;

I understand the Nevada Attorney General may require additional information and/or documentation to determine if new brand families qualify 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/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 PM/NPM I understand that the PM/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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**PM/NPM Supplemental Certification Checklist**

- The PM/NPM has at least one brand family on the Nevada Tobacco Directory. (If PM/NPM does not currently have a brand family listed on the Nevada Tobacco Directory, an Initial Certificate of Compliance must be completed.)
- Up to date company contact information and a Nevada Manufacturer's License have been provided.
- A complete list of all brand families and styles have been provided or 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.
- 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 PM/NPM is not the fabricator of any brand family for which it is seeking directory listing, copies of all contracts between the PM/NPM and fabricator are attached as an exhibit to this certification.
- If PM/NPM does not hold the trademark to any brand family for which it is seeking directory listing, copies of all contracts between the PM/NPM and the trademark holder are attached as an exhibit to this certification.
- A current copy of the FTC approval letter is attached as an exhibit to this certification.
- A current copy of the CDC compliance letter is attached as an exhibit to this certification.
- The Affidavit of Tobacco Manufacturer, contained in Part III, is signed and notarized and the original is included with this certification.

**Mail this completed Supplemental 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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