



**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

2022 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 year.

B. Corporate or Business Documents

Attach current copies of articles of incorporation (include date of initial formation), 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. Company Officers and Owners

Attach a complete list of the PM's officers and owners. For each owner listed, please indicate what percentage of the business he or she owns. For the purposes of this section, an owner is considered any person with a direct or indirect ownership interest of 10% or more in the company. **EXHIBIT _____**

D. 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 physically located in the United States, please provide copies of the following:
 - a. Current TTB Manufacturer or Importer Permit **EXHIBIT _____**
 - 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 _____**
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 _____**
 - 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 _____**
 - c. A map clearly depicting the physical location of the foreign-permitted PM tobacco manufacturing/fabrication plant and photographs of the plant interior showing tobacco manufacturing/fabrication equipment. **EXHIBIT _____**
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 the PM manufactured/fabricated any cigarette brand or style for any other entity within the past 24 months, provide the other entity's name, address, contact information, and identify the tobacco product brand family and style manufactured. A copy of any agreement or contract between the PM and the other entity relating to the manufacture/fabrication and/or sale of each brand family or style must also be provided. **EXHIBIT _____ Not Applicable**

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PART II: BRAND FAMILY IDENTIFICATION

A. 2021 Brand and Style Identification

Attach a list of all brand families and styles sold by the PM in Nevada in 2021. **EXHIBIT** _____

B. Brand and Style Identification for 2022 Directory Listing

1. Attach a list of all brand families intended for sale in Nevada during 2022. **EXHIBIT** _____

2. For each brand family, attach a list of styles to be sold in Nevada during 2022, along with a current copy of the Nevada Fire Standard Compliance (FSC) Certification for each style. All style names submitted for Directory listing must match those listed on the FSC Certificates. **EXHIBIT** _____

3. Provide color copies of packaging for each style identified in Part II(B)(2). **EXHIBIT** _____
No Changes

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 in Part II(B). **EXHIBIT** _____

2. Provide a copy of the current Centers for Disease Control (CDC) ingredient list compliance letter(s) pertaining to the cigarettes identified in Part II(B)(2). **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 identified in Part II(B)(2). Please 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 2022 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?
- B. Has the PM filed all monthly PACT Act reports with the Nevada Department of Taxation and the Nevada Attorney General's Office for 2021 shipments made into Nevada?
- C. Has the PM filed all monthly PACT Act reports with the Attorney General's Office of every state into which it shipped cigarettes, smokeless tobacco or vapor products in 2021?
- D. Is the PM in full compliance with NRS 370.327?
- 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: ACTIONS AGAINST THE TOBACCO PRODUCT MANUFACTURER

- A. During the past 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?
- B. During the past 18 months, did the PM submit a Certificate of Compliance requesting to be listed on any other state's directory, or to add brand families or styles to another state's directory, that was not approved?
- C. 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?
- D. 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?
- E. Has the PM, or its owners or officers, been named a party in a criminal or civil proceeding related to the payment of taxes?
- F. If the PM responded 'yes' to questions A, B, C, D, or E, please provide a detailed explanation for each 'yes' answer in an attachment. **EXHIBIT(S)** _____

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PART V: CERTIFICATION 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 Tobacco 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 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 Certificate of Compliance 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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