



**STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL**
5420 Kietzke Lane, Suite 202
Reno, NV 89511

SUPPLEMENTAL CERTIFICATE OF COMPLIANCE
FORM B&TD-TOB1a

PART I: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

2024 SUPPLEMENTAL CERTIFICATE OF COMPLIANCE

CHECK CERTIFICATION TYPE: NEW BRAND FAMILY

NEW STYLES

A. Company Information

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

B. Manufacturer Disclosures

- If any of the brand families or styles being certified for sale in Nevada are manufactured or fabricated by another entity other than the Manufacturer, please provide the other entity's name, address and contact information and a copy of any agreement or contract between the Manufacturer and this company regarding the manufacture/fabrication and/or sale of each brand family or style. **EXHIBITS ____ & ____ Not Applicable**
- If, during the previous 24 months, the Manufacturer manufactured any cigarette brand or style for any other entity, provide the other entity's name, address, contact information, and tobacco product brand names involved. **EXHIBIT ____ Not Applicable**

PART II: BRAND FAMILY AND STYLE IDENTIFICATION

A. Brand and Style Identification for Directory Listing

- Attach a list of all brand families or styles included on this Supplemental Certification for listing on the Nevada Tobacco Directory. **EXHIBIT ____**

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

**SUPPLEMENTAL CERTIFICATE OF COMPLIANCE
FORM B&TD-TOB1a**

2. Provide a current copy of the Nevada Fire Standard Compliance (FSC) Certification for each brand and style. All style names listed in Part II(A)(1) must match the styles listed on the FSC Certificates. **EXHIBIT _____**
3. Provide color copies packaging for **each** brand family and style identified in Part II(A)(1). **EXHIBIT _____**

B. 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 identified in Part II(A)(1). **EXHIBIT _____**
2. If certifying a new brand family, provide a copy of the most recent Centers for Disease Control (CDC) ingredient listing compliance letter(s) pertaining to the above brands of cigarettes. **EXHIBIT _____ Not Applicable**
3. Trademark Information
 - a) If certifying a new brand family, attach a current list of serial numbers for each brand family trademark licensed by the Manufacturer with the United States Patent and Trademark Office. **EXHIBIT _____ Not Applicable**
 - b) If any brand trademarks are owned by someone other than the Manufacturer, attach an executed copy of all related agreements. **EXHIBIT _____ Not Applicable**
4. Provide a current listing of all Universal Product Code (UPC) numbers associated with each style identified Part II(A)(1). Ensure the listing includes the UPC numbers for packs, cartons, and cases. **EXHIBIT _____**
5. Attach a list of all Nevada licensed wholesale dealers the Manufacturer intends to use for distribution in Nevada. **EXHIBIT _____**

PART III: ACTIONS AGAINST THE TOBACCO PRODUCT MANUFACTURER

- A.** During the last year, has the Manufacturer been delisted, decertified or removed from another state's tobacco directory, either voluntarily or involuntarily, or did any other state refuse to list the Manufacturer on its state tobacco directory?
- B.** Has the Manufacturer been enjoined or banned from selling, shipping or distributing cigarettes pursuant to any court order or state or federal agency ruling or determination?
- C.** Has the Manufacturer, 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?
- D.** Has the Manufacturer, or its owners or officers, been named a party in a criminal or civil proceeding related to the payment of taxes?
- E.** If the Manufacturer responded 'yes' to questions A, B, C or D, please provide a detailed explanation for each 'yes' answer in an attachment. **EXHIBIT(S) _____**

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

PART IV: AFFIDAVIT OF TOBACCO PRODUCT MANUFACTURER

I certify that:

The Manufacturer named in Part I is in full compliance with all applicable sections of NRS Chapters 370 and 370A;

Through my position with the Manufacturer, I am authorized to certify on behalf of the Manufacturer and can legally bind the Manufacturer;

I understand that the Nevada Attorney General may require additional information and/or documentation to determine if the Manufacturer and its brands 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 is true, correct, and complete;

I understand under NRS 370.255(1)(c), the Manufacturer 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 of Compliance 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 Manufacturer I understand that the Manufacturer 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:

tobaccoinforcement@ag.nv.gov

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