



**STATE OF NEVADA**  
**OFFICE OF THE ATTORNEY GENERAL**  
 1 State of Nevada Way, Suite 100  
 Las Vegas, NV 89119

**PARTICIPATING MANUFACTURER (PM) CERTIFICATE OF COMPLIANCE**  
 FORM B&TD-TOB1

**PART I TOBACCO PRODUCT PARTICIPATING MANUFACTURER IDENTIFICATION**

**2026 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 the 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 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. If checked, provide the date of this prior submission:** \_\_\_\_\_

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

**PM CERTIFICATE OF COMPLIANCE  
FORM B&TD-TOB1**

**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 ten percent (10%) or more in the company.

**EXHIBIT \_\_\_\_\_**

**D. Manufacturer Permits, Licenses, and Disclosures**

**NOTE: You must resubmit the applicable documents requested below even if previously submitted.**

1. If the PM is physically located in the United States, please provide copies of the following related to the tobacco products to be added to the Nevada Tobacco Directory:

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 \_\_\_\_\_**  **Check if no changes to previously submitted copies. If checked, provide the date of this prior submission: \_\_\_\_\_**

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 that clearly depicts the physical location of the foreign-permitted PM tobacco manufacturing/fabrication plant and photographs of the plant interior showing tobacco manufacturing/fabrication equipment.

**EXHIBIT \_\_\_\_\_**  **Check if no changes to previously submitted copies. If checked, provide the date of this prior submission: \_\_\_\_\_**

3. If any of the brand families or styles to be 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 twenty-four (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. 2025 Brand and Style Identification**

Attach a list of all brand families and styles sold by the PM in Nevada in 2025. (NRS 370.240)

**EXHIBIT** \_\_\_\_\_

**B. Brand and Style Identification for 2026 Nevada Tobacco Directory Listing**

**NOTE:** An Excel spreadsheet is available on the Nevada Attorney General's Office Tobacco Enforcement Unit [Forms webpage](#) and may be submitted in lieu of submitting separate exhibits for each document(s) required in Part II B. 1 & 2 and Part C. 3 & 4 below such as brand names, styles, current Nevada Fire Standard Compliance Certification numbers, Universal Product Code numbers, and United States Patent & Trademark Office active brand family trademark serial numbers.

1. Attach a list of all brand families and styles intended for sale in Nevada during 2026 on which the certifying PM will make MSA payments. Please clearly note if there are any new brands or styles for the year of 2026. (NRS 370.665; NRS 370.670) **EXHIBIT** \_\_\_\_\_
2. For each brand family or style, attach 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. (NRS 477.192; NRS 477.198) **EXHIBIT** \_\_\_\_\_
3. Provide color copies of packaging for **each** style identified in Part II(B)(2). **EXHIBIT** \_\_\_\_\_  
 **Check if no changes to previously submitted copies. If checked, provide the date of this prior submission:** \_\_\_\_\_

**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 most recent Centers for Disease Control and Prevention (CDC) ingredient list compliance letter(s) for the cigarettes identified in Part II(B)(2). **EXHIBIT** \_\_\_\_\_
3. 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** \_\_\_\_\_
4. If any brand trademarks are owned by someone other than the PM, attach an executed copy of all related agreements. **EXHIBIT** \_\_\_\_\_  **Not Applicable**
5. 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** \_\_\_\_\_
6. Attach a list of all Nevada licensed distributors the PM intends to use in 2025 for distribution in Nevada.  
**EXHIBIT** \_\_\_\_\_

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**PART III PACT ACT REGISTRATION AND COMPLIANCE**

- A. Does the PM ship its own tobacco products directly into Nevada?  
*If PM answered "Yes", please complete B through E below.*
- B. Has the PM registered under the PACT Act with the ATF?
- C. Has the PM filed all monthly PACT Act reports with the Nevada Department of Taxation and the Nevada Attorney General's Office for 2025 shipments made into Nevada?
- D. 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 2025?
- E. If the PM answered "No" to B through D above, please attach a detailed explanation(s). **EXHIBIT** \_\_\_\_

**PART IV ACTIONS AGAINST THE TOBACCO PRODUCT MANUFACTURER**

- A. During the past eighteen (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 eighteen (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 a 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 (5) years from the date this Certificate 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 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](mailto:tobaccoenforcement@ag.nv.gov)

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