



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

AGE VERIFICATION CERTIFICATE OF COMPLIANCE

PLEASE NOTE THE FOLLOWING UPDATES TO THIS FORM

This form was updated on January 15, 2025 as follows:

- Updated to note that the form must be submitted annually
- Removed year from title
- Updated to allow filer to insert year into title
- Updated submission email

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



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AGE VERIFICATION CERTIFICATE OF COMPLIANCE

Annual Filing for Calendar Year 20____
Must be renewed annually if selling to Nevada customers. NRS 202.24935(3)

PART I: COMPANY IDENTIFICATION

A. Company Information

Company Name	
Mailing Address	
City/State/Zip/Country	
Telephone Number	Website
Name/Title of Company Contact	Company Contact E-Mail Address
Nevada Tobacco 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 Company is responsible for updating its contact information if it changes during the year.

PART II: AGE VERIFICATION SERVICE IDENTIFICATION

A. Independent Third-Party Age Verification Service Information

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

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AGE VERIFICATION CERTIFICATE OF COMPLIANCE
Continued

PART III AFFIDAVIT

I certify that:

The Company named in Part I is in full compliance with all applicable sections of NRS Chapters 202 and 370;

The Company named in Part I uses an independent, third-party age verification service, as described in NRS 202.24935(2)(b);

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

I have examined this certification and, to the best of my knowledge and belief, this certification is true, correct, and complete;

By signing this affidavit on behalf of the Company I understand that the Company is required to comply with state and federal laws concerning the sale of cigarettes, cigarette paper, alternative nicotine products, vapor products, products containing, made or derived from nicotine, or products containing, made or derived from tobacco.

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 to the Nevada Attorney General’s Office – Tobacco Enforcement Unit:

tobaccoyouthcompliance@ag.nv.gov

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