



State of Tennessee
Office of the Attorney General and Reporter
Revenue Section
Tobacco Enforcement Division
Post Office Box 20207
Nashville, TN 37202-0207

Certification Year:

Annual Certification Form for Listing on Tennessee's Directory
Pursuant to Tenn. Code Ann. §§ 67-4-2601 *et seq.*

Check appropriate response:

Initial Directory Certification Application – Tobacco Product Manufacturer is not currently listed on the Tennessee's Directory of Approved Tobacco Product Manufacturers.

Supplemental Directory Certification – Change of information provided to the Attorney General and the Department of Revenue (change of information must be submitted at least 30 days prior to change or no more than 30 days after discovery of inaccurate, incomplete or misleading information).

Reason: _____

Annual Directory Certification – Due April 30 for continuation of listing on Tennessee's Directory of Approved Tobacco Product Manufacturers.

Please type or legibly print in permanent blue ink. Use additional pages only when necessary.

Part 1. General Information

1. Applicant/Tobacco Product Manufacturer Identification.

Applicant Name:	
Contact Person:	Title:
Street Address:	
City/State/Zip:	
Mailing Address if different from above:	
City/State/Zip:	
Telephone Number (include country code):	Facsimile Number (include country code):
E-Mail Address:	FEIN:
Website Address:	
Name of Person Completing Certification:	
Title of Person Completing Certification:	

2. The Tobacco Product Manufacturer identified above, as of the date of this Certification is:

A **Participating Manufacturer**

- OR -

A **Non-Participating Manufacturer** in full compliance with Tennessee Tobacco Manufacturers' Escrow Fund Act of 1999, Tenn. Code Ann. §§ 47-31-101 *et seq.*, including having made all required deposits into a Qualified Escrow Fund since the effective date of the Tennessee Tobacco Manufacturers' Escrow Fund Act of 1999 and any rules and regulations promulgated there under.

APPLICANT MUST ALSO COMPLETE EITHER THE PM OR NPM INFORMATION REQUEST FORM AND SUBMIT ALONG WITH THIS FORM.

3. Identify the attorney authorized to represent you regarding your Certification application for listing on the Tennessee Directory. If you do not have an attorney please indicate "Not Applicable."

Attorney Name:	<input type="checkbox"/> Not Applicable
Law Firm:	
Address:	
City/State/ZIP:	
Telephone Number:	Facsimile Number:
E-mail Address:	

4. Identify the person authorized to provide information to the State of Tennessee or receive information from the State of Tennessee regarding your Certification application for listing on the Tennessee Directory.

Name and Title:	
Company:	
Address:	
City/State/ZIP:	
Telephone Number:	Facsimile Number:
E-mail Address:	

Part 2. Indian Tribe/Nation Affiliation

5. Please answer the following questions by placing an "X" in the box marked yes or no after each question:

A. Is applicant a federally recognized Indian Tribe/Nation or a legal entity formed under tribal law? Yes No

- B. Is applicant owned by a member(s) of an Indian Tribe/Nation and located on Tribal land? Yes No
- C. Does applicant have or make any claim of Tribal sovereign immunity? Yes No
- D. Is applicant owned in whole or in part by any government or government agency? Yes No

If your answer to any of the questions above is “Yes”, please contact the Office of the Attorney General, Revenue Section, Tobacco Enforcement Division, P. O. Box 20207, Nashville, TN 37202-0207, to make arrangements to execute any required waivers of sovereign immunity in order to be listed and/or remain on the Directory of Approved Tobacco Manufacturers in Tennessee.

Part 3. Deliveries into Tennessee

- 6. Is the Applicant in compliance with the Prevent All Cigarette Trafficking Act? Yes No
- 7. Does Applicant advertise, offer for sale, sell, transfer or ship for profit cigarettes, roll-your-own (“RYO”) tobacco, or smokeless tobacco into Tennessee through interstate commerce? Yes No
- 8. Has Applicant filed a PACT Act Registration form with the TN Dept. of Revenue? Yes No
- 9. Has Applicant filed PACT Reports for all shipments into Tennessee? Yes No

Part 4. Additional Information

- 10. Is your company a non-participating manufacturer located outside of the United States? Yes No
- 11. Has your company, any of its affiliates, officers, directors or owners ever pled guilty or nolo contendere to or been found guilty of a crime relating to the reporting, distribution, sale or taxation of cigarettes or other tobacco products? Yes No
- 12. If you answered “Yes” to question #11, provide the name of person(s) or entity, the crime, the jurisdiction in which this took place, and the date of the conviction or the plea.

- 13. Has your company or any of its affiliates ever been removed from any state’s (or other political subdivision’s) directory of approved tobacco product manufacturers? Yes No

14. If you answered “Yes” to question #13, identify the state(s) or political subdivision(s) and the reason for the removal.

15. Has any state, or other political subdivision, claimed that your company or any of its affiliates is escrow deficient for units sold in the state of political subdivision? Yes No

16. If you answered “Yes” to question #15, identify the state(s) or political subdivision(s), and the nature of the escrow deficiency.

Part 5. Brand Family Identification (Attach additional sheets if necessary):

17. List all brand families that you request to be added to or to remain on Tennessee’s directory of approved tobacco product manufacturers.

18. List all brand families that you request to be removed from Tennessee’s directory of approved tobacco product manufacturers.

19. If you are requesting that any brand family remain on Tennessee’s directory of approved tobacco product manufacturers (1) that is currently on Tennessee’s directory and (2) that has not been sold in Tennessee in either the preceding or the current calendar year, explain the reasons why you are requesting that the brand family remain on Tennessee’s directory.

State of Tennessee
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Pursuant to Tenn. Code Ann. §§ 67-4-2601, *et seq.*

Affidavit of Tobacco Product Manufacturer

Please complete and execute in **blue** permanent ink and send signed originals to the two addresses listed at the end of the form.

NOTE: An authorized officer of the Tobacco Product Manufacturer **MUST** sign this form and check the correct box below. This form must also be notarized.

Under penalty of perjury, as of the date of this certification, I state that the Tobacco Product Manufacturer named in Part 1 is a Participating Manufacturer in full compliance with all applicable sections of Tenn. Code Ann. §§ 67-4-2601, *et seq.* and any rules and regulations promulgated thereunder. Participating Manufacturer affirms that the brand families listed in this certification are deemed to be its cigarettes for purposes of calculating its payments under the Master Settlement Agreement for the relevant year(s).

OR

Under penalty of perjury, as of the date of this certification, I state that the Tobacco Product Manufacturer named in Part 1 is a Non-Participating Manufacturer in full compliance with all applicable sections of Tenn. Code Ann. §§ 67-4-2601, *et seq.* and any rules and regulations promulgated thereunder. Additionally, the Tobacco Product Manufacturer identified in Part 1 fabricated or assembled the brand families listed herein that were sold in Tennessee during the calendar year stated herein. The Applicant Manufacturer affirms that the brand families listed on this certification application are its brand families for purposes of the Escrow Fund Act, Tenn. Code Ann. § 47-31-101, *et seq.*

Under penalty of perjury, I also state:

- (1) On behalf of the Tobacco Product Manufacturer named in Part 1, the Applicant is in compliance with and will continue to comply with all state and federal laws, as well as the rules and regulations regarding the sale of tobacco products and cigarettes in Tennessee, including but not limited to, the Tennessee Tobacco Manufacturers Escrow Act of 1999, Tenn. Code Ann. §§ 47-31-101, *et seq.* and the directory statute located at Tenn. Code Ann. §§ 67-4-2601, *et seq.*;
- (2) I understand that the Attorney General or the Department of Revenue may require additional information and/or documentation to determine if the Applicant qualifies for listing on Tennessee's Directory;
- (3) I acknowledge that the Applicant has a duty to file an annual Certification and to supplement its application within 30 calendar days of its discovery that any information or documents contained in the Certification is inaccurate, incomplete or misleading;
- (4) I have read this Certification and the attached documents, and reviewed the Instructions and Definitions and to the best of my knowledge and information, this Certification has been completed in compliance with those instructions and definitions;
- (5) To the best of my knowledge, this Certification and its attachments are a complete, accurate, non-misleading and truthful response of the Applicant Tobacco Product Manufacturer;

- (6) On behalf of the Applicant, I hereby authenticate this Certification and its attachments for the purposes of any proceedings pursuant to any rules of procedure. These documents are authentic and true and accurate copies of Applicant's official records. The Applicant will not contest or object to the use of this Certification and its attachments in any proceeding; and
- (7) I am an authorized representative of the Applicant Tobacco Product Manufacturer with authority to bind the Applicant and submit this Certification to the State of Tennessee on its behalf.

By signing this Affidavit on behalf of the Applicant, I am stating I have the necessary authority on behalf of the Applicant to sign this Affidavit and bind the Applicant.

Manufacturer Certification	
Under penalty of perjury, I state that all of the information contained in this Certification and any attached documents are true and correct. This document must be signed and dated by an authorized notary public.	
_____	_____
Authorized Designee (Print Name)	Title
_____	_____
Signature of Authorized Designee	Date
Subscribed and sworn to before me on this day of _____, in the County of _____, in the State of _____.	
_____	_____
Signature of Notary Public	Commission Expires

Mail the Annual Directory Certification application and either the PM or NPM Information Request form to both addresses shown below:

State of Tennessee
Office of the Attorney General and Reporter
Revenue Section
Tobacco Enforcement Division
Post Office Box 20207
Nashville, TN 37202-0207

Tennessee Department of Revenue
Andrew Jackson Building
Taxpayer Services, 8th Floor
500 Deaderick Street
Nashville, TN 37242

**Important Note: The State will not process incomplete, unsigned or illegible applications.
Only the official state form will be processed.**