



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

<b>Certification Year:</b>
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**PM Information Request**

Pursuant to Tenn. Code Ann. §§ 67-4-2601 *et seq.*

Please type or legibly print in permanent [blue](#) ink. Use additional pages as necessary. (This Form may be filled out online, however, all signatures must be executed in permanent [blue](#) ink.) This form must be submitted along with the Annual Directory Certification form, mailed to the address above and to the **Tennessee Department of Revenue, Taxpayer Services, 8<sup>th</sup> Floor, 500 Deaderick Street, Nashville, TN 37242**

<b>Applicant name:</b>	
<b>Street Address:</b>	
<b>City/State/Zip/Country:</b>	
<b>Mailing Address (if different from above):</b>	
<b>City/State/Zip/Country:</b>	
<b>Telephone number:</b>	<b>Facsimile number:</b>
<b>E-mail address:</b>	

The following documents must be attached to this certification application. Initial by each number to confirm that each document requested is attached and labeled appropriately:

- \_\_\_\_\_ 1. **Samples** – Provide samples (or legible, identical size, color copies of all sides of the packaging thereof) of the current packaging and labeling used for each of the individual brands within each Brand Family listed in Part 3 of the Certification Form for Listing on Tennessee’s Directory. Initial to confirm that you have attached these documents.
  
- \_\_\_\_\_ 2. **Permits & Licenses to Manufacture Cigarettes** – A copy of all permits, licenses or other authorization to manufacture tobacco products issued by any governmental entity, whether located in the United States or elsewhere. This includes importer’s certificate, trademark holder’s certificate, etc. Initial to confirm that you have attached the requested documents.
  
- \_\_\_\_\_ 3. **Certificate of Compliance** (cigarettes only) – A copy of the current Centers for Disease Control (“CDC”) ingredient-listing compliance letter(s) pertaining to the brands listed in this certification and a copy of the letter sent to the CDC from the manufacturer seeking approval for cigarette brand families (trade secret ingredients may be redacted) submitted for each approval letter. Initial to confirm that you have attached the requested documents.

4. **FTC Warning Rotation Information** (cigarettes only) – A copy of the complete current health warning rotation plan submitted to the Federal Trade Commission (“FTC”) pursuant to 15 U.S.C. § 1333 and a copy of the approval letter from the FTC for each brand family applicant wants listed. If the Certification Applicant sells or intends to sell cigarettes that are not made in the United States, please identify the name and address of the entity that submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services. Initial to confirm that you have attached these documents.
5. **Brand List** – Provide a complete list of **all** cigarette Brand Families and roll-your-own tobacco Brand Families currently or previously manufactured for sale in the United States by the applicant manufacturer, its wholly-owned subsidiaries, and the parent company of any wholly-owned subsidiaries. This list should include all Brand Families manufactured for sale in the United States during the past seven years and should include the dates during which each Brand Family is or was manufactured and the place of manufacture for those Brand Families. Initial to confirm that you have attached these documents.
6. **Trademark Information** - A list of the trademark owners, including street address and telephone number for each Brand Family identified in the Certification for Listing on Tennessee’s Directory. Proof of current ownership (or assignment of the rights to) trademarks for all brand families for which the company is seeking certification for must also be attached. Initial to confirm that these documents are attached.
7. **Trademark Holder’s Certificate** – A copy of the trademark holder’s certificate under penalty of perjury that it has not withdrawn consent to import into the United States as required by 19 U.S.C. 1681a(c)(3)(A), or a copy of the importer’s certificate under penalty of perjury that the trademark owner has not withdrawn consent to import into the United States as required by 19 U.S.C. 1681a(c)(3)(B). Initial to confirm that these documents are attached.
8. **Photographs** –
  - a) If you are submitting an Initial Directory Certification Application, provide four clear color photographs of the exterior of each side of your manufacturing facilities. The photographs must have been taken within 90 days of the date of this application, and measure at least four inches by six inches. Each of the photographs must provide clear and unobstructed views of each side of the outside of the manufacturing facility. Each photograph must be labeled on the back with the name of the factory, the full street address of the factory, the date of the photograph was taken and the full name, address and telephone number of the person who took the photograph.
  - b) If you are submitting an Initial Directory Certification Application, provide five clear color photographs of the interior of each manufacturing facility. The photographs must provide at a minimum the following: (a) clear and unobstructed views of the majority of the interior of the manufacturing facility, (b) clear and unobstructed views of the number of manufacturing lines and machines in operation in the manufacturing facility, (c) clear and unobstructed views of the manufacturing facility in operation, and (d) clear and unobstructed views of the number of employees normally working in the manufacturing facility when it is in operation. Each photograph must have been taken within 90 days of this application, measure at least four inches by six inches, and be labeled on the back with the name of the factory, the full street address of the factory, the date of the photograph was taken and the full name, address and telephone number of the person who took the photograph. Initial to confirm that all photographs are attached.
9. **Company Officers and Owners** – Provide a complete list of all officers and company owners (all persons with an equity interest of 10% or more in Applicant Company.) Include names,

addresses, phone and facsimile numbers, and email addresses for each person identified and include whether any of the individuals identified have ever been involved with the manufacturing, importation or distribution of tobacco products manufactured by entities other than your Company. Include the names, addresses, phone and facsimile numbers, and email addresses for each person with an equity interest of 10% or more in the applicant company who are or have ever been involved with other companies related to the applicant company. If any such persons are identified, please identify the Brand Families and entities with which the individuals have been involved and explain the level of involvement, including the dates of any and all involvement. Initial to confirm that this information is attached.

- \_\_\_\_\_ 10. **Contract Manufacturing Agreements** - A copy of all contract manufacturing agreements for any brand of Cigarettes that the Company intends to sell directly or indirectly in Tennessee. This applies only if the applicant intends to sell any cigarettes that are manufactured by entities other than the applicant. Initial to confirm that such agreements are attached or list "N/A" if there are no such agreements.
  
- \_\_\_\_\_ 11. **Fire Safety** – Provide copies of the verification of your company’s compliance with Tennessee’s fire-safe cigarettes requirements from the Tennessee Department of Commerce and Insurance, Division of Fire Prevention for each brand family for which you are seeking certification. Initial to confirm that this information is attached.
  
- \_\_\_\_\_ 12. **PACT Act** – Provide a copy of your company’s PACT Act registration submitted to the Tennessee Department of Revenue, if applicable. Initial to confirm that this information is attached, if applicable.

**Please note the State has the right to request additional information. You may receive correspondence requesting additional information. Your application will not be complete until all information has been provided.**

Manufacturer Certification	
<p>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.</p>	
<p>_____</p> <p>PM Authorized Designee (Print Name)</p>	<p>_____</p> <p>Title</p>
<p>_____</p> <p>Signature of PM Authorized Designee</p>	<p>_____</p> <p>Date</p>
<p>Subscribed and sworn to before me on this the _____ day of _____, in the County of _____, in the State of _____.</p>	
<p>_____</p> <p>Signature of Notary Public</p>	<p>_____</p> <p>Commission Expires</p>