

GEORGIA CERTIFICATE OF COMPLIANCE ADDITIONAL INFORMATION NON-PARTICIPATING MANUFACTURER

1. Applicant Manufacturer's name ("Applicant"):

2. Brands currently listed on Georgia Directory of Compliant Tobacco Manufacturers ("Directory"):

3. Brands requested to be listed on the Georgia Directory of Compliant Tobacco Manufacturers in 2023 (only brands listed here will be eligible to appear on the Georgia Directory of Compliant Tobacco Product Manufacturers):

4. Check Yes, No, or Not Applicable (N/A) as appropriate for all questions. Provide additional information and continue on a separate page, as necessary.

a. Has either the Applicant or any of its brand families ever been denied listing or removed from the "approved for sale" tobacco products directory of any state? If yes, please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Does the Applicant ship its products directly into Georgia?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Does the Applicant affirmatively certify that it and all of its importer(s) hold valid permits to engage in business as a manufacturer and/or importer(s) of tobacco products or processed tobacco, respectively under 26 U.S.C. §5713?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
d. Does the Applicant sell cigarettes via the internet or in catalogs and use the mail or other delivery services to deliver cigarettes to Georgia customers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. If yes, has the Applicant provided notice to the FDA, pursuant to 21 C.F.R. Part 1140.30?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
f. Has any state or federal court or a state or federal administrative agency or tribunal issued a court judgement, administrative decision, or order against the Applicant? If yes, provide the court, case number, and date of judgement or order:	<input type="checkbox"/> YES <input type="checkbox"/> NO
g. Has the Applicant paid or satisfied all court judgements or orders in state or federal courts (or administrative tribunals) regarding the sale of tobacco products? If no, provide an explanation:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

h. Is the Applicant enjoined or banned from selling any cigarette by court order, state or federal agency ruling or determination? If yes, provide an explanation and copy of ruling or determination:	<input type="checkbox"/> YES <input type="checkbox"/> NO
i. Has a state or federal court entered a judgement finding that the Applicant engaged in an unfair business practice? If so, provide an explanation and a copy of ruling:	<input type="checkbox"/> YES <input type="checkbox"/> NO
j. Is the Applicant, any other party, or person listed in the certification entitled to claim sovereign immunity? If so, provide information on sovereign status:	<input type="checkbox"/> YES <input type="checkbox"/> NO
k. Has the FDA made any negative findings regarding any of Applicant's brands or brand families on the issue of "substantial equivalence"? If so, list the brand(s), current status of the brand(s), and attach a copy of the findings.	<input type="checkbox"/> YES <input type="checkbox"/> NO

5. If Applicant Manufacturer is located outside of the United States, answer the following:

a. Name, address, email, and contact information of party importing products into the U.S.:	
b. Is the Importer in compliance with all reporting and registration requirements of the PACT Act, 15 U.S.C. § 376, 376a?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Does the Importer accept joint and several liability with the Non-Participating Manufacturer for all escrow obligations, as well as payment of all civil penalties, and reasonable costs and expenses of prosecution for failure of to deposit escrow obligations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Does the Importer consent to personal jurisdiction in Georgia for purposes of claims by the state with regard to escrow obligations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Has the Importer appointed a registered agent for service of process?	<input type="checkbox"/> YES <input type="checkbox"/> NO

6. Federal Excise Tax Paid and PACT Act reported

- a. Total nationwide sales on which Federal Excise Tax was paid during the preceding calendar year: _____

- b. Total Nationwide Sales reported pursuant to 15 U.S.C. § 376 (PACT) during the preceding calendar year: _____

7. **For each Brand Family requested to be listed on the Directory, identify the name and address of any other fabricator of such Brand Family (either current or past fabricator). For each fabricator, identify the time period during which the party fabricated the brand. Indicate whether the brand was sold in Georgia between 1999-present.**
8. **Identify any other brand families fabricated by Applicant or which the Applicant currently owns or controls but which Applicant is not requesting to be listed on the Georgia Directory.**
9. **Manufacturing Facility Identification:** List the name, owner, address, phone, and email of the factory that currently fabricates the cigarettes or roll your own ("RYO") tobacco listed or requested to be listed on the Georgia Directory. Indicate the name and address of any other company that has access to or utilizes the same facility.

10. Execution by Authorized Designee

This certification must be signed by a qualified company officer authorized to bind the applicant company.

By executing this document, I confirm that my position with the company and my actual authority to certify on behalf of the applicant meets the foregoing requirements.

By executing this document, I confirm that the information provided to the Attorney General on this form and in connection with the request to appear on the Directory is true and correct. In addition, the Non-Participating Manufacturer consents to be sued in the courts of the State of Georgia for purposes of the State: (a) enforcing O.C.G.A. §10-13-1, et seq. 10-13A-1, et seq. and Title 48, Chapter 11 and any regulations promulgated pursuant to those provisions, and (b) bringing a released claim as defined in 10-13-2(8).

I also confirm that such Non-Participating Manufacturer has posted the appropriate bond required under O.C.G.A. §10-13A-7.

I understand the Georgia Attorney General may require additional information and/or documentation to determine if the Applicant Company or brands are in compliance with Georgia law and qualify for the Georgia Directory.

Under penalty of perjury, I state that the information contained in this Certification and attachments is true and accurate.

Designee (Print Name):	_____	Title:	_____
Signature of Designee:	_____	Date:	_____

Subscribed and sworn to before me on this date:		_____
Signature of Notary Public:	_____	City or County of: _____
My Commission expires:	_____	