



GEORGIA DEPARTMENT OF LAW

40 Capitol Square, SW
Atlanta, Georgia 30334-1300

CHRISTOPHER M. CARR
ATTORNEY GENERAL

www.law.ga.gov

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 2024 (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 another delivery service to deliver cigarettes to Georgia customers?	<input type="checkbox"/> YES <input type="checkbox"/> NO

e. If yes, has the Applicant notified 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 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 or any other party or person listed in the certification entitled to claim sovereign immunity? If so, provide information on sovereign immunity status:	<input type="checkbox"/> YES <input type="checkbox"/> NO
k. Has the FDA made any negative findings regarding any of the Applicant's brands or brand families or declared any of Applicant's brands "adulterated." 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
l. Does Applicant certify that it has established and continues to maintain a Qualified Escrow Account as defined by O.C.G.A § 10-13A-2(14)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
m. Are the funds held in the Qualified Escrow Account on behalf of Georgia in a segregated account that is separate and apart from the escrow funds held on behalf of any other beneficiary?	<input type="checkbox"/> YES <input type="checkbox"/> NO
n. Is the Qualified Escrow Account encumbered by a security interest granted to a third party? If yes, provide name and contact information of third party.	<input type="checkbox"/> YES <input type="checkbox"/> NO
o. Is the Applicant the fabricator of the brands listed in this certification, which are intended to be sold in the United States, including cigarettes intended to be sold in the United States through an importer?	<input type="checkbox"/> YES <input type="checkbox"/> NO

p. Is the Applicant the first purchaser anywhere for resale in the United States of cigarettes manufactured anywhere that the manufacturer does not intend to be sold in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
q. Is the Applicant a successor of an entity described in Questions O or P above (manufacturer or first importer)? If yes, please identify the predecessor.	<input type="checkbox"/> YES <input type="checkbox"/> NO
r. If the Applicant answered "No" to questions O, P, and Q above, please explain the basis for the Applicant's claim that it is a Tobacco Product Manufacturer under O.C.G.A. § 10-13-3. Please submit all documentation to support Applicant's contention.	
s. Does Applicant have any agreements with any Participating Manufacturers (PM) or PM Affiliate related to the fabricating, importing, distribution, transportation, or sale of any cigarettes or RYO. If so, list the brand, contracting parties, and purpose of the agreement.	<input type="checkbox"/> YES <input type="checkbox"/> NO
t. Does the Applicant have any agreements with any other entity regarding the production of cigarettes or the funding of a Qualified Escrow Fund? If so, describe and attach any agreement.	<input type="checkbox"/> YES <input type="checkbox"/> NO
u. Has the Applicant registered with the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) and the Georgia Department of Revenue for purposes of PACT Act compliance? If so, attach a copy of the Applicant's PACT Act registration.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
v. Is the Applicant in compliance with all PACT Act reporting obligations to the State of Georgia?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

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

a. Name, address email, and contact information of all parties importing the Applicant's brands into the U.S.:	
b. Is the Importer in compliance with all reporting and registration requirements of the PACT Act, under 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, 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 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 and whether the brand was sold in Georgia from 1999-present.

8. Identify any other brand families fabricated by applicant or which the applicant currently owns or has rights to use the brand trademark and/or formula that does not appear on the Georgia Directory.

9. Manufacturing Facility Identification: Enter the name, owner, address, phone, and email of the factory that currently fabricates the cigarettes or roll your own (“RYO”) tobacco listed. Indicate the name and address of any other company that has access to or utilizes the same facility.

10. List the highest amount of escrow required to be deposited by Applicant in the last 12 calendar quarters and the date of such deposit. Ensure that bond is equal to or greater than this amount.

11. 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 that the Georgia Attorney General may require additional information and/or documentation to determine if the Applicant Company or brands comply with Georgia law and qualify for the Georgia Directory.

Under penalty of perjury, I state that the information contained in this Certification and these 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: _____