

**GEORGIA CERTIFICATE OF COMPLIANCE ADDITIONAL INFORMATION
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 or No 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 been denied listing or involuntarily 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 affirmatively certify that it holds a valid permit to engage in business as a manufacturer of tobacco products or processed tobacco under 26 U.S.C. §5713?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. 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
d. Does the Applicant tobacco product manufacturer affirmatively certify that it is in full compliance with all of the registration and reporting requirements of 15 U.S.C. §§ 376 and 376a, commonly referred to as the PACT Act? If no, please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO

e. 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
f. Does Applicant "contract manufacture" any brands it seeks to certify on behalf of another entity? If so, lists the brands, name(s), and contact information of the other entity.	<input type="checkbox"/> YES <input type="checkbox"/> NO

5. 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.

6. 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.

I affirm that the Brand Families listed are deemed to be the cigarettes of the named Tobacco Product Manufacturer for purposes of calculating its payments under the Master Settlement Agreement for the relevant year, in the volume and shares determined pursuant to the Master Settlement Agreement. I also affirm that the named Tobacco Product Manufacturer is generally performing its financial obligations under the Master Settlement Agreement.

I understand the Georgia Attorney General may require additional information and/or documentation to determine if the applicant company, brands, or brand families 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 the 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 Country of: _____

My Commission expires: _____