

STATE OF GEORGIA
NPM OR IMPORTER APPOINTMENT OF REGISTERED AGENT

For use by Non-Participating Tobacco Product Manufacturers (NPMs) or Tobacco Importers to Appoint a Registered Agent for service of process.

IMPORTER OR NPM INFORMATION (CHECK ONE):

<input type="checkbox"/> IMPORTER	<input type="checkbox"/> NON-PARTICIPATING MANUFACTURER
NAME:	TP OR TI#:
STREET ADDRESS:	CITY, STATE, ZIP:
PHONE:	EMAIL:
CONTACT:	

REGISTERED AGENT:

NAME:	COUNTY:
STREET ADDRESS:	CITY, STATE, ZIP
PHONE:	EMAIL:

The undersigned, NPM or Importer, _____ (name), hereby appoints and authorizes _____ (Registered Agent), as its registered agent to receive service of process on its behalf. The undersigned NPM or Importer agrees to notify the Office of the Attorney General for the State of Georgia (“Attorney General”) at least thirty (30) calendar days prior to the termination of the authority of the Registered Agent, and provide proof to the satisfaction of the Attorney General of the appointment of a new agent at least five (5) calendar days prior to the termination of the existing agent appointment.

I certify that the information contained in this document is true and complete and that I am authorized to bind the NPM or Importer making the Certification. **Any violation of the requirements of O.C.G.A. § 10-13A-6 is a basis for removal of the applicant and its Brand Families from the list of compliant NPMs.**

Designee (Print name): _____ Title: _____

Signature of Designee: _____ Date: _____

Subscribed and sworn to before me on this date: _____

Signature of Notary Public: _____ City or County: _____

My Commission expires: _____

STATE OF GEORGIA
REGISTERED AGENT STATEMENT OF ACCEPTANCE OF APPOINTMENT

REGISTERED AGENT: (MUST BE LOCATED IN GEORGIA)

NAME:	COUNTY:
STREET ADDRESS:	CITY, STATE, ZIP:
PHONE:	EMAIL:
CONTACT:	

I consent to serve as Registered Agent in the State of Georgia for _____ (name of NPM or Importer), pursuant to O.C.G.A. § 10-13A-6. I understand it will be my responsibility to receive service of process on behalf of the NPM or Importer, forward mail or other service to the NPM or Importer, and immediately notify the Office of the Attorney General if I resign or change the office address of the Registered Agent.

Designee (Print name): _____ Title: _____

Signature of Designee: _____ Date: _____

Subscribed and sworn to before me on this date: _____

Signature of Notary Public: _____ City or County: _____

My Commission expires: _____