

State of GEORGIA
Non-Participating Manufacturer's Request for Sales Information

Manufacturer Identification				
Company Name				
City	State	Zip Code	Country	
Phone		Fax		
Name and title of person completing this form				
Mail-to Address (if different from above)				
Name				
Mailing Address				
City	State	Zip Code	Country	
Phone		Fax	E-Mail	
Liability Year 20__ <input type="checkbox"/> Other	Quarter <input type="checkbox"/> 1 st quarter (Jan – Mar) <input type="checkbox"/> 2 nd quarter (April – June) <input type="checkbox"/> 3 rd quarter (July – Sept) <input type="checkbox"/> 4 th quarter (Oct – Dec)			
Manufacturer's Records (Attach Addendum pages as necessary)				
<p>Instructions for the Manufacturer: List each distributor which sells your product(s) in the State of Georgia. For each distributor, provide the sales volume according to your records for each brand family for the quarter and provide copies of invoices or other documents that support the sales volume listed. In addition, provide the name, address and contact person for all distributors to whom you sold product for the liability year.</p> <p>By completion of this form, the Manufacturer requests that the Attorney General:</p> <ul style="list-style-type: none"> • identify distributors, in addition to those the manufacturer has listed below, which have reported the sale of manufacturer's brands in Georgia during the liability year • compare the brand sales volume below to that which distributors have reported to the Attorney General • determine whether an escrow payment based on the manufacturer's reported sales volume represents adequate funding for the liability year 				
Distributor	Brand Family	Check One	Sales Volume	
			Manufacturer's Records	Distributors Reported as of: (AG Use Only)
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
Total of RYO Ounces				
Total of Cigarette Sticks				

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Distributor	Brand Family	Check One	Sales Volume	
			Manufacturer's Records	Distributors Reported as of:
				(AG Use Only)
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
Total of RYO Ounces				
Total of Cigarette Sticks				

EXECUTION BY AUTHORIZED DESIGNEE

By executing this document I confirm that I am a qualified company officer authorized to bind the applicant company. Under penalty of perjury, I state that the information contained in this Certification 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: _____

Mail the completed certificate of compliance to:
 Consumer Interests Section
 Office of the Attorney General
 40 Capitol Square, S.W., Atlanta, Georgia 30334-1300