

**STATE OF GEORGIA**

**TOBACCO PRODUCT MANUFACTURER'S CERTIFICATION FOR NON-PARTICIPATING MANUFACTURERS**

**Pursuant to O.C.G.A. § 10-13A-3**

**For 2017**

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**and**

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**REQUEST FOR LISTING IN  
GEORGIA DIRECTORY OF COMPLIANT TOBACCO PRODUCT MANUFACTURERS  
IN 2018**

**Who is required to file this Certification?**

Any Non-Participating tobacco product manufacturer ("NPM") that sells, intends to sell or has sold cigarettes within the state of Georgia, whether directly or through any distributor, retailer, or similar intermediary. This includes all Non-Participating Manufacturers that appeared on the Georgia Directory of Compliant Tobacco Product Manufacturers ("Georgia Directory") whether or not the manufacturer had any sales during the 2017 sales year and whether or not the manufacturer submitted quarterly certifications during the 2017 sales year. Finally, a Non-Participating Manufacturer must submit this certification if it wants to be listed initially or continue to be listed on the Georgia Directory in 2018.

**Definitions:**

- (a) **"Brand Family"** means all styles of Cigarettes sold under the same trade mark and differentiated from one another by means of additional modifiers or descriptors, including, but not limited to, "menthol," "lights," "kings," and "100s," and includes any brand name (alone or in conjunction with any other word), trademark, logo, symbol, motto, selling message, recognizable pattern of colors, or any other indicia of product identification identical or similar to, or identifiable with, a previously known brand of Cigarettes.
- (b) **"Cigarette"** means any product that contains nicotine, is intended to be burned or heated under ordinary conditions of use, and consists of or contains (A) any roll of tobacco wrapped in paper or in any substance not containing tobacco; or (B) tobacco, in any form, that is functional in the product, which, because of its appearance, the type of tobacco used in the filler, or its packaging and labeling, is likely to be offered to, or purchased by, consumers as a cigarette; or (C) any roll of tobacco wrapped in any substance containing tobacco which, because of its appearance, the type of tobacco used in the filler, or its packaging and labeling, is likely to be offered to, or purchased by, consumers as a cigarette described in clause (A) of this definition. The term "cigarette" includes "roll-your-own" tobacco. 0.09 ounces of "roll-your-own" tobacco constitutes one individual cigarette.

- (c) **“Directory”** means the Attorney General’s list of all Tobacco Product Manufacturers that have provided current and accurate certifications conforming to the requirements of O.C.G.A. § 10-13A-3 and all Brand Families that are listed in such certifications.
- (d) **“Non-participating manufacturer”** or **“NPM”** means any tobacco product manufacturer that is NOT a signatory to the Master Settlement Agreement, that is, not a Participating Manufacturer as that term is defined in subsection II(jj) of the Master Settlement Agreement and all amendments thereto.
- (e) **“Qualified Escrow Fund”** means an escrow fund established pursuant to an escrow agreement that has been approved by the Attorney General as being in compliance with OCGA § 10-13A-2(14). The principal balance in the qualified escrow fund must always be maintained so that both the face value and the cost basis of the account are each equal to or greater than the accumulated principal deposits. All escrow agreements must be submitted with this certification.
- (f) **“Tobacco Product Manufacturer”** means an entity that physically manufactures cigarettes anywhere in the world that are intended for sale in the United States, either directly or through an importer; an entity that is the first purchaser of cigarettes that the manufacturer did not intend to be sold in the United States, regardless of where those cigarettes were manufactured; or an entity that becomes a successor to an entity described above.
- (g) **“Unit”** means one cigarette or .09 ounces of “roll your own” tobacco, as defined above.

**When is this Certification due?**

This Certification must be received by us no later than **Monday, April 30, 2018**. Failure to submit by the deadline may cause your company to be denied listing or removed from the Directory.

**Where do I send this Certification?**

The Certification must be delivered to two places:

Regulated Public Interests Section  
Office of the Attorney General  
40 Capitol Square  
Atlanta, Georgia 30334

And

Georgia Department of Revenue  
Alcohol and Tobacco Tax Division  
1800 Century Center Boulevard  
Atlanta, Georgia 30345-3205

**INSTRUCTIONS**

**Part 1: Manufacturer's Identification** Enter applicant’s name, address, telephone, fax number, electronic mail address, internet address, name and title of person completing report. If applicant is located in the U.S., provide federal tax

identification number and TTB Tobacco Manufacturer Permit number. Provide applicant's Georgia license number and the type of license held.

Check box to certify that applicant is in full compliance with Georgia escrow requirements (O.C.G.A. §§ 10-13-1, *et. seq* and 10-13A-1, *et. seq*) and tobacco tax laws (Title 48, Chapter 11).

The Georgia Department of Revenue has licensing and additional reporting requirements for shipping any form of tobacco into Georgia. Contact the Department of Revenue directly for additional information at 404-417-4900 or [atdiv@dor.ga.gov](mailto:atdiv@dor.ga.gov).

**Part 2: Certification Type** Check whether this is an initial certification (if you are not currently listed), required yearly certification from all NPMs currently on the Directory or supplemental certification (containing a change of information previously provided).

**Part 3: A. Brand Family Identification** List by Brand Family all of the cigarettes that you sold or intend to sell in Georgia, whether directly or through any distributor, retailer, or similar intermediary and the number of individual cigarettes (units) sold in 2017 and 2018 to date. **Only the brands you list will be eligible to be included in the Directory.**

Include the following in the certification: a list of all of its Brand Families, and the number of units for each Brand Family that were sold in Georgia during the preceding and current calendar years; and identify the fabricator of each Brand Family.

A Non-Participating Manufacturer may not include a Brand Family in its Certification unless it affirms that it is the tobacco product manufacturer of the Brand Family and the Brand Family is to be deemed its Cigarettes for purposes of O.C.G.A. § 10-13-1, *et seq*. A Non-Participating Manufacturer shall update such list thirty calendar days prior to any addition to or modification of its Brand Families by executing and delivering a supplemental certification to the Attorney General and Department of Revenue.

**For Each Brand Family:**

1. Provide the compliance letter from the CDC indicating compliance with the ingredient submission requirements
2. Provide the compliance letter from the FTC indicating compliance with warning rotation plan requirements.
3. Provide proof of submission of required documentation to FDA or a copy of any document received from the FDA with regard to the issue of "substantial equivalence."
4. Provide information regarding the ownership of the brand trademark including documentation that evidences that the applicant owns or is permitted to use the trademark.

**B. Fire Safe Compliance:** It is unlawful to offer for sale in Georgia any cigarette that is not compliant with the Georgia Fire Safety Standard and Firefighter Protection Act, O.C.G.A. § 24-4-1, *et seq.* Indicate whether each brand family listed is fire-safe compliant. Do not list a brand family unless the required information has been submitted to the Georgia Fire Safety Commissioner and required package markings approved. **Submit a website print out or other evidence that each brand family has been approved by the Georgia Fire Safety Commissioner.**

**C. Fabricator:** Identify for each Brand Family 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.

**D. Other Brand Families:** Identify any other brand families fabricated by applicant or for which the applicant currently owns or has rights to use the brand trademark and/or formula.

**E. Manufacturing Facility Identification:** Enter the name, owner, address, phone and fax number of the factory that currently fabricates the cigarettes or roll-your own ("RYO") tobacco listed. Indicate the name and address of other company that has access to or utilizes the same facility.

**Part 4: Registered Agent:**

Each Non-Participating Manufacturer must:

Appoint an agent for service of process and complete and submit Form AG-02 (NPM's Appointment of Registered Agent & Registered Agent's Statement Form.) The agent for service of process listed in this section must be the same as the agent appointed in Form AG-02.

**Part 5: Escrow Account:**

State the name, address, representative and telephone number of the financial institution where the Non-Participating Manufacturer has established a Qualified Escrow Fund pursuant to O.C.G.A. § 10-13A-2(14) and the account number of such Qualified Escrow Fund and any sub-account number for Georgia.

**All** Non-Participating Manufacturers must submit an escrow account that meets the revised definition of "Qualified Escrow Fund" in O.C.G.A. § 10-13A-2(14). A form account agreement meeting those requirements can be found on the Attorney General's website [www.law.ga.gov](http://www.law.ga.gov).

Read and certify the statements regarding your escrow account.

Attach a copy of your Escrow Agreement with all amendments.

**Part 6: Non-Participating Manufacturer Escrow Deposit Calculation**

List by brand family name the number of units sold in Georgia in 2017. Calculate the total amount due and any additional amounts still owed. Additional amounts must be deposited by April 16, 2018.

**Part 7: Non-Participating Manufacturer Escrow History**

A. List by quarter the amount of escrow deposited by the Applicant for the last 12 quarters.

B. List the amount and date of each deposit and withdrawal or transfer of funds.

Attach proof of deposits for 2017 sales and a copy of your most recent bank statement showing the current Georgia account balance **and** the account investments.

**Part 8: Bond Information:**

A. List the amount of the bond posted for the benefit of Georgia. The amount of the Bond must be the greater of \$50,000 or the highest amount of escrow owed in Georgia by the applicant or its predecessor in the last twelve (12) quarters.

B. List the contact name, company, address, county of residence, phone, fax, and email address of Bonding Company.

Complete and submit NPM Bond Form (AG-07)

**Part 9: Distributors and Importer:**

A. **Distributors:** List the names and addresses of all distributors/wholesalers who sold your products in or into Georgia during 2017 or 2018. Indicate if the Applicant or the Distributor applied Georgia tax stamps to the product.

B. **Importer:** If the NPM is located outside of the U.S., provide the required importer information: list the contact name, company, address, county of residence, phone, fax, email address, and tobacco importer permit number. Provide the requested additional information regarding importer.

If NPM is located outside of the U.S., submit copy of completed Importer's Acceptance of Joint and Several Liability Form (AG-06)

**Part 10: Additional Information:** Provide the requested response and a full explanation of circumstances. Provide the additional requested documentation. If necessary, add additional pages.

**Part 11: Federal Excise Tax Paid:**

A. Provide the total number of cigarettes and Roll-Your-Own tobacco on which Federal Excise Tax was paid during 2017: \_\_\_\_\_

B. Provide the total number of cigarettes and Roll-Your-Own tobacco reported on your PACT Act reports during 2017: \_\_\_\_\_

**Part 12: Execution by Authorized Designees:** The person executing the Certification must be an authorized representative of the Tobacco Product Manufacturer identified in Part 1. The Designee's name and title must be legibly printed and the Certification must be executed in the presence of an authorized notary.

### **Complete the Affidavit of Units Sold and Escrow Deposited for Georgia in 2017**

*You may send any questions about this form to: Regulated Public Interests Section  
Office of the Attorney General • 40 Capitol Square SW • Atlanta GA 30334  
Facsimile 404.656.0677, email [lqiles@law.ga.gov](mailto:lqiles@law.ga.gov)*

*For questions regarding additional licensing or reporting requirements to ship tobacco into the State contact the Georgia Department of Revenue at 404-417-4900 or [atdiv@dor.ga.gov](mailto:atdiv@dor.ga.gov)*

**STATE OF GEORGIA  
TOBACCO PRODUCT MANUFACTURER'S CERTIFICATION  
FOR NON-PARTICIPATING MANUFACTURERS**

**Part 1: Tobacco Product Manufacturer Identification**

Company:	
Address:	
Address:	
Phone:	Fax:
Email:	Web Address:
Name/Title of person completing report:	
Manufacturer's Federal I.D. # :	
TTB Manufacturer Permit # and Expiration Date (attach copy):	
Georgia license # and license type (attach copy):	

**The Tobacco Product Manufacturer identified above certifies that, as of the date of this Certification:**

**It is a Non-Participating Tobacco Product Manufacturer in full compliance with O.C.G.A. § 10-13-1, et. seq, O.C.G.A. § 10-13A-1, et. seq, and Official Code of Georgia, Title 48, Chapter 11.**

**Part 2: Certification Type**

This form is a (check one):

- Initial certification – Manufacturer is not currently listed on the Georgia Directory of Compliant Tobacco Product Manufacturers (“Directory”)
- Yearly certification – Due April 30 for Non-Participating Manufacturers currently appearing on the Georgia Directory of Complaint Tobacco Product Manufacturers
- Supplemental certification – Change of information previously provided.  
**Change of information must be submitted 30 days prior to change.**

**Part 3: Brands**

**A. Brand Family Identification (Attach additional Sheets if Necessary)**

Identify all brands that are requested to appear on Directory.

A. BRAND FAMILY	B. CIGARETTE OR RYO	C. UNITS SOLD IN 2017 (.09 OZ OF RYP EQUALS 1 UNIT)	D. UNITS SOLD IN 2018 TO DATE (.09 OZ OF RYO EQUALS 1 UNIT)	E. FABRICATOR

For each brand family identified above:

- a. Provide a copy of the current certificate of compliance issued by the Department of Health and Human Services, Centers for Disease Control and Prevention, and the Office on Smoking Health showing compliance with the ingredient list submission requirement of 15 U.S.C. §1335a; and
- b. Provide a copy of the copy of the current approval letter from the Federal Trade Commission (“FTC”) pursuant to 15 U.S.C. § 1335a with regard to the warning rotation plan; and
- c. Provide proof of submission of required documentation to the Food and Drug Administration (“FDA”) or a copy of any document received from the FDA with regard to the Family Smoking Prevention and Tobacco Control Act, P.L. 111-31, 123 Stat. 1784, 21 U.S. C. § 387 and the issue of “substantial equivalence.”
- d. Provide information regarding the ownership of the brand trademark including documentation that evidences that the applicant owns or is permitted to use the trademark.

*Note: By including a brand family in its certification, a Non-Participating Manufacturer affirms that the brand family is deemed to be its cigarettes for escrow purposes for the 2017 and 2018 sales years. However, the Attorney General retains the discretion to determine whether the listed brand family is actually the cigarette of another tobacco product manufacturer.*



**B. Fire-Safe Compliance**

It is unlawful to offer for sale in Georgia any cigarette that is not compliant with the Georgia Fire Safety Standard and Firefighter Protection Act, O.C.G.A. § 24-4-1, *et seq.* Are each of the cigarette brand families listed herein fire-safe compliant and certified by the Georgia Safety Fire Commission?

- Yes
- No

*Do not submit a brand family for listing unless the required information has been submitted to the Georgia Fire Safety Commissioner and required package markings approved.*

**SUBMIT INFORMATION FROM THE GEORGIA FIRE SAFETY COMMISSIONER  
REGARDING APPROVAL**

**C. Previous Fabricators**

For each brand family listed above, list the name and address of any other manufacturer who has fabricated the brand family since 1999 or is currently fabricating the brand family.

BRAND FAMILY	NAME OF PREVIOUS OR OTHER CURRENT MANUFACTURER	DATES OF MANUFACTURE	WAS BRAND SOLD IN GEORGIA FROM 1999-PRESENT?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**D. Other Brands**

Identify any other brands families which Applicant has manufactured, sold, owned, or controlled since 1999 which are not sought to be certified in the Directory.

BRAND FAMILY	DATES OF MANUFACTURE	WAS BRAND SOLD IN GEORGIA FROM 1999-PRESENT?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

**E. Manufacturing Facility Identification**

FACTORY NAME:	PHONE:
FACTORY OWNER:	EMAIL:
STREET:	CITY, STATE, ZIP:
NAME OF ANY OTHER COMPANY WITH ACCESS TO FACTORY:	

**Part 4: Registered Agent**

**Registered Agent / Approved Agent for Service of Process:**

<b>AGENT NAME:</b>	<b>COMPANY:</b>
<b>STREET:</b>	<b>CITY, STATE, ZIP:</b>
<b>COUNTY OF RESIDENCE:</b>	<b>PHONE:</b>
<b>FAX:</b>	<b>EMAIL:</b>

**Complete and submit an Appointment of Registered Agent for the State of Georgia and Registered Agent's Statement form. (Form AG-02)**

**Part 5: Qualified Escrow Fund – Financial Institution**

<b>NAME OF INSTITUTION:</b>	
<b>ADDRESS:</b>	
<b>REPRESENTATIVE:</b>	
<b>PHONE:</b>	
<b>ESCROW ACCT NO.:</b>	<b>GEORGIA SUBACCOUNT:</b>

**ATTACH AN ESCROW AGREEMENT MEETING THE REQUIREMENTS OF O.C.G.A. § 10-13A-2(14). AN AGREEMENT MEETING THE REQUIREMENTS CAN BE FOUND AT [www.law.ga.gov](http://www.law.ga.gov).**

The Applicant certifies that it has:

- Established and continues to maintain a Qualified Escrow Account as defined by O.C.G.A. §10-13A-2(14).
- Attached a copy of the executed Qualified Escrow Account that has been reviewed and approved by the Georgia Attorney General's Office.
- Ensured that the funds held in the Qualified Escrow Account on behalf of Georgia are in a segregated account, separate and apart from the escrow funds held on behalf of any other beneficiary.
- Ensured that the Qualified Escrow Account is not encumbered by a security interest granted to a third party.

**Part 6: Non-Participating Manufacturer Escrow Deposit Calculation**

**A.** Liability Year: 2017

The liability year for this certificate is January 1, 2017 through December 31, 2017

**B.** Units Sold: The number of individual cigarettes or units of RYO sold in Georgia in 2017 by brand is:

Brand Name: _____	Number of units sold: _____
Brand Name: _____	Number of units sold: _____
Brand Name: _____	Number of units sold: _____
Brand Name: _____	Number of units sold: _____

Total: \_\_\_\_\_

**C. Calculating the Deposit Amount**

Follow these steps to calculate the appropriate amount to be deposited for the liability year 2017

(1) Enter the total number from Part 6 Section B above: \_\_\_\_\_

(2) Multiply that amount by .0337416  
the combined 2017 Base Amount  
and Inflation Adjustment:  $x$  \_\_\_\_\_ .0337416

(3) Enter the total here: \_\_\_\_\_

(4) Enter the total amount deposited into escrow for 2017 sales  
during the 2017 sales year: \_\_\_\_\_

(5) Subtract line (4) from line (3), enter the total here: \_\_\_\_\_

The amount that must be deposited on or before April 16, 2018 for the liability year 2017 will be the amount shown in Line C(5).

**Attach a copy of your quarterly receipts or other proof of deposit  
for 2017 sales from your financial institution**

**Part 7: Non-Participating Manufacturer Escrow History:**

**A. Escrow Deposit Amounts for last 12 Quarters:**

**2018**

<b>1<sup>ST</sup> QUARTER:</b>	
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**2017**

<b>1<sup>ST</sup> QUARTER:</b>	<b>2<sup>ND</sup> QUARTER:</b>
<b>3<sup>RD</sup> QUARTER:</b>	<b>4<sup>TH</sup> QUARTER:</b>

**2016**

<b>1<sup>ST</sup> QUARTER:</b>	<b>2<sup>ND</sup> QUARTER:</b>
<b>3<sup>RD</sup> QUARTER:</b>	<b>4<sup>TH</sup> QUARTER:</b>

**2015**

<b>1<sup>ST</sup> QUARTER:</b>	<b>2<sup>ND</sup> QUARTER:</b>
<b>3<sup>RD</sup> QUARTER:</b>	<b>4<sup>TH</sup> QUARTER:</b>

**B. Escrow Deposit/Withdrawal History for Georgia**

<b>Date</b>	<b>Deposit</b>	<b>Withdrawal</b> <small>Withdrawals must comply with O.C.G.A. § 10-13-3-(2)(B). Verification of compliance must be provided</small>	<b>Balance</b>

**Attach a copy of bank statement showing the current Georgia account balance and current investments.**

The Applicant certifies that it has:

- Attached information documenting all deposits and withdrawals from the Qualified Escrow account during the last year and proof of the current escrow account balance from the escrow agent.
- Attached an annual bank statement for the Qualified Escrow Account showing Georgia account balance and all current investments.

**PART 8: BOND INFORMATION**

**A. Amount of Bond and bond expiration date:** \_\_\_\_\_  
**Bond must be the greater of Fifty Thousand Dollars (\$50,000) or the highest amount of escrow owed in Georgia by the Non-Participating Manufacturer or its predecessor in the last 12 quarters.**

**B. Bonding Company:**

<b>AGENT NAME:</b>	<b>COMPANY:</b>
<b>STREET:</b>	<b>CITY, STATE, ZIP:</b>
<b>COUNTY OF RESIDENCE:</b>	<b>PHONE:</b>
<b>FAX:</b>	<b>EMAIL:</b>

**Complete and submit NPM Bond Form (Form AG-07)**

**PART 9:**

**A. Distributors/Wholesalers**

List the names and addresses of all distributors/wholesalers who sold cigarette or roll-your-own products fabricated by the Applicant into Georgia in 2017 or 2018. For each distributor, list the name, address, phone number, email address. For each distributor, indicate whether the Applicant or distributor applies tax stamps to the product: \_\_\_\_\_

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**B. Importer Information:**

If NPM is located outside of the United States, provide the following importer information:

<b>IMPORTER:</b>	<b>CONTACT NAME:</b>
<b>STREET:</b>	<b>CITY, STATE, ZIP:</b>
<b>COUNTRY OF RESIDENCE:</b>	<b>PHONE:</b>
<b>FAX:</b>	<b>EMAIL:</b>
<b>TI PERMIT NO.:</b>	

Is Importer in compliance with all reporting and registration requirements of the PACT Act, 15 U.S.C. § 376, 376a?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does Importer accept joint and several liability with the nonparticipating 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?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does Importer consent to personal jurisdiction in Georgia for purposes of claims by the state with regard to escrow obligations?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has Importer appointed registered agent for service of process?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**Attach copy of Tobacco Importer Acceptance of Joint and Several Liability (Form AG-06)  
and Importer's Appointment of Registered Agent Form (Form AG-02)**

**Part 9. Additional Information**

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

<p>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: _____ _____</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Has the tobacco product manufacturer or any of its directors, members, officers, owners or management ever been accused, convicted, or otherwise cited or penalized for failure to comply with any state or federal law or regulation with regard to the payment of federal or state excise tax on tobacco products? If yes, please explain: _____ _____</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Do any of the directors, members, officers and/or owners of the Applicant currently serve or have they previously served as directors, members, officers, or owners of any other tobacco product manufacturer? If yes, please explain: _____ _____</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Does the Applicant ship its products directly into Georgia?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>If yes, does the Applicant 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: _____ _____</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Does the Applicant affirmatively certify that it and all of its importer(s) hold valid permits to engage in business as a manufacturer and importer(s) of tobacco products or processed tobacco, respectively under 26 U.S.C. § 5713?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Does the Applicant sell cigarettes via the internet or in catalogs and use the mail or other delivery service to deliver cigarettes to Georgia customers?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>If yes, has Applicant provided notice to the FDA pursuant to 21 C.F.R. Part 1140.30?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

<p>Has any state or federal court issued a court judgment or administrative order against the Applicant? If yes, provide court, case number, and date of judgment or order: _____ _____ _____</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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<p>Has Applicant paid or satisfied all court judgments or orders in state or federal courts (or administrative tribunals) regarding the sale of tobacco products? If no, provide an explanation: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>Is Applicant enjoined or banned from selling any cigarettes by court order, state or federal agency ruling or determination? If yes, provide an explanation: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>Has a state or federal court entered a judgment finding that the Applicant engaged in an unfair business practice?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>Has Applicant or any person or affiliate been denied a permit, license, or other authorization to engage in any business related to the sale of tobacco by any government entity (state, federal, foreign) or had such permit revoked, suspended, or otherwise terminated? If yes, provide details: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>Has Applicant or any person or party listed in the certification been indicted or convicted of a crime under federal, state, or foreign laws in connection with the sale or cigarettes or RYO? If yes, provide details including case and/or docket number, charge, and court: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>Is Applicant or any other party or person listed in the certification entitled to claim sovereign immunity? If so, provide information on sovereign status: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>



**Part 10:**

**Additional documents:**

1. Provide a list of all company officers and company owners. Include name, address, phone number and email address.
2. Provide copy of federal manufacturing license and Georgia state license(s).
3. Provide copies of any court documents referenced in Part 9 above.

**Part 11: Federal Excise Tax Paid**

**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 Act) during the preceding calendar year:

**Part 12: 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 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 O.C.G.A. § 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: \_\_\_\_\_

**Mail the completed certificate of compliance to:**

Regulated Public Interests Section  
Office of the Attorney General  
40 Capitol Square  
Atlanta, Georgia 30334

And

Georgia Department of Revenue  
Alcohol and Tobacco Tax Division  
1800 Century Center Boulevard  
Atlanta, Georgia 30345-3205

**AFFIDAVIT OF UNITS SOLD and ESCROW DEPOSITED FOR GEORGIA IN 2017**

Under penalty of perjury, I, \_\_\_\_\_(name) hereby certify that I have knowledge of the information contained herein and in the accompanying **TOBACCO PRODUCT MANUFACTURER’S CERTIFICATION FOR NON-PARTICIPATING MANUFACTURERS FOR 2017 and REQUEST FOR LISTING IN GEORGIA DIRECTORY OF COMPLIANT TOBACCO PRODUCT MANUFACTURERS IN 2018** of \_\_\_\_\_(name of Tobacco Product Manufacturer).

I certify that I am the \_\_\_\_\_(office, position or title) of the Tobacco Product Manufacturer.

I certify that I have the authority to bind the Tobacco Product Manufacturer in matters related to the information contained in the **TOBACCO PRODUCT MANUFACTURER’S CERTIFICATION FOR NON-PARTICIPATING MANUFACTURERS FOR 2017 and REQUEST FOR LISTING IN GEORGIA DIRECTORY OF COMPLIANT TOBACCO PRODUCT MANUFACTURERS IN 2018**, including information related to the number of units sold in Georgia in 2017 and the amount of escrow deposited for those sales.

I certify that there were \_\_\_\_\_ units sold by the Tobacco Product Manufacturer in 2017 in Georgia and that the Tobacco Product Manufacturer deposited \$\_\_\_\_\_ into escrow as a result of these sales.

Under penalty of perjury, I state that the information contained in this Affidavit 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: \_\_\_\_\_