



Certification  
Year:

State of Tennessee  
Office of the Attorney General and Reporter  
Revenue Section  
Tobacco Enforcement Division  
Post Office Box 20207  
Nashville, TN 37202-0207

**NPM Information Request**  
Pursuant to Tenn. Code Ann. §§ 67-4-2601 *et seq.*

Please type or legibly print in permanent blue ink. Use additional pages as necessary. (This Form may be filled out on-line; however, all signatures must be executed in permanent [blue](#) ink.)

<b>Applicant name:</b>
<b>Street Address:</b>
<b>City/State/Zip/Country:</b>
<b>Mailing Address (if different from above):</b>
<b>City/State/Zip/Country:</b>
<b>Telephone number:</b> <b>Facsimile number:</b>
<b>E-mail address:</b>

The following documents must be attached to this certification application. Initial by each number to confirm that each document requested is attached and labeled appropriately:

- \_\_\_\_\_ 1. **Samples** - Samples (or legible, identical size, color copies of all sides of the packaging thereof) of the current packaging and labeling used for each of the individual brands within each Brand Family listed in Part 3 of the Certification Form for Listing on Tennessee’s Directory. Initial to confirm that you have attached these documents.
- \_\_\_\_\_ 2. **Permits & Licenses to Manufacture Cigarettes** - A copy of all permits, licenses or other authorization to manufacture tobacco products issued by any governmental entity, whether located in the United States or elsewhere. This includes importer’s certificate, trademark holder’s certificate, etc. Initial to confirm that you have attached the requested documents.
- \_\_\_\_\_ 3. **Certificate of Compliance** (cigarettes only) - A copy of the current Centers for Disease Control (CDC) ingredient-listing compliance letter(s) pertaining to the brands listed in this certification and a copy of the letter sent to the CDC from the manufacturer seeking approval for cigarette

brand families (trade secret ingredients may be redacted) submitted for each approval letter. Initial to confirm that you have attached the requested documents.

\_\_\_\_\_ 4. **FTC Warning Rotation Information** (cigarettes only) - A copy of the complete current health warning rotation plan submitted to the Federal Trade Commission (“FTC”) pursuant to 15 U.S.C. § 1333 and a copy of the approval letter from the FTC for each brand family applicant wants listed. If the Certification Applicant sells or intends to sell cigarettes that are not made in the United States, please identify the name and address of the entity that submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services. Initial to confirm that you have attached these documents.

\_\_\_\_\_ 5. **Brand List** - Provide a complete list of **all** tobacco product Brand Families, (including all cigarettes, roll-your-own, cigars, little cigars, pipe tobacco, smokeless tobacco, etc.) currently and previously manufactured by the (Non-Participating) Manufacturer, its principals, subsidiaries, affiliates, successors, members, officers, owners and directors. This list is in addition to the list provided for certification. List whether or not sold in the U.S., the dates during which each Brand Family is, or was, manufactured, and place of manufacture for those brands. Initial to confirm that you have attached these documents.

\_\_\_\_\_ 6. **Trademark Information** - A list of the trademark owners, including street address and telephone number for each Brand Family identified in the Certification for Listing on Tennessee’s Directory. Proof of current ownership (or assignment of the rights to) trademarks for all brand families for which the company is seeking certification for must also be attached. Initial to confirm that these documents are attached.

\_\_\_\_\_ 7. **Trademark Holder’s Certificate** - A copy of the trademark holder’s certificate under penalty of perjury that it has not withdrawn consent to import into the United States as required by 19 U.S.C. 1681a(c)(3)(A), or a copy of the importer’s certificate under penalty of perjury that the trademark owner has not withdrawn consent to import into the United States as required by 19 U.S.C. 1681a(c)(3)(B). Initial to confirm that these documents are attached.

\_\_\_\_\_ 8. **Photographs** –

a) Provide four clear color photographs of the exterior of each side of your manufacturing facilities. The photographs must have been taken within 90 days of the date of this application, and measure at least four inches by six inches. Each of the photographs must provide clear and unobstructed views of each side of the outside of the manufacturing facility. Each photograph must be labeled on the back with the name of the factory, the full street address of the factory, the date of the photograph was taken and the full name, address and telephone number of the person who took the photograph.

b) Provide five clear color photographs of the interior of each manufacturing facility. The photographs must provide at a minimum the following: (a) clear and unobstructed views of the majority of the interior of the manufacturing facility, (b) clear and unobstructed views of the number of manufacturing lines and machines in operation in the manufacturing facility, (c) clear and unobstructed views of the manufacturing facility in operation, and (d) clear and unobstructed views of the number of employees normally working in the manufacturing facility when it is in operation. Each photograph must have been taken within 90 days of this application, measure at least four inches by six inches, and be labeled on the back with the name of the factory, the full street address of the factory, the date of the photograph was taken and the full name, address and telephone number of the person who took the photograph. Initial to confirm that all photographs are attached.

- \_\_\_\_\_ 9. **Notice of Appointment of Registered Agent** – Attach the official Notice of Appointment of Registered Agent Form. This form may be found on the Attorney General’s website. Also submit a current letter (dated this year) from the registered agent accepting this appointment. Initial to confirm that both the form and acceptance letter are attached to this form.
- \_\_\_\_\_ 10. **Stamping Agent and/or Distributor** – For each stamping agent or distributor of your products possessing a Tennessee wholesale license, please provide the name, address, telephone, facsimile numbers and all brand families delivered to each stamping agent or distributor. Initial to confirm that this information is attached.
- \_\_\_\_\_ 11. **Contract Agreements** – A copy of all contract agreements for any brand of cigarettes that the Company intends to sell directly or indirectly in Tennessee through an exclusive wholesaler and/or distributor. Initial to confirm that such agreements are attached or list “N/A” if there are no such agreements.
- \_\_\_\_\_ 12. **Company Officers and Owners** – Provide a complete list of all officers and company owners (all persons with an equity interest of 10% or more in Applicant Company.) Include names, addresses, phone and facsimile numbers, and email addresses for each person identified and include whether any of the individuals identified have ever been involved with the manufacturing, importation or distribution of tobacco products manufactured by entities other than your Company. Include the names, addresses, phone and facsimile numbers, and email addresses for each person with an equity interest of 10% or more in the applicant company who are or have ever been involved with other companies related to the applicant company. If any such persons are identified, please identify the Brand Families and entities with which the individuals have been involved and explain the level of involvement, including the dates of any and all involvement. Initial to confirm that this information is attached.
- \_\_\_\_\_ 13. **Contract Manufacturing Agreements** - A copy of all contract manufacturing agreements for any brand of Cigarettes that the Company intends to sell directly or indirectly in Tennessee. This applies only if the applicant intends to sell any cigarettes that are manufactured by entities other than the applicant. Initial to confirm that such agreements are attached or list “N/A” if there are no such agreements.
- \_\_\_\_\_ 14. **Judgments and Governmental Action** – Provide a complete list of all judgments against the Company in any U.S. state or federal court or other administrative proceeding (excluding worker’s compensation); all pending lawsuits against the Company in any U.S. State or federal court, including the name of the action, the court where filed, the case number and the current status; and all past and present actions by any government (located either in the U.S. or elsewhere) that resulted in a suspension or revocation of a license or permit held by the Company, or that sought a suspension or revocation of any license or permit held by your Company. Initial to confirm these documents are attached or list “N/A” if none exist.
- \_\_\_\_\_ 15. **Invoices** - Copies of the invoices (or Excel detail) for any cigarettes and roll-your-own tobacco manufactured by your Company sold to wholesalers licensed by the State of Tennessee, whether located in Tennessee or another state, during the previous calendar year. You may provide documents in electronic format. The following information must be provided: date, invoice number, customer name and account number, brand, quantity and price, subtotals and totals. If your company utilized an importer or exclusive distributor to make such sales to Tennessee licensed wholesalers, provide sales invoices from that importer or exclusive distributor to all Tennessee licensed wholesalers. Initial to confirm that these documents are attached.

\_\_\_\_ 16. **Organizational Documents required to be provided with Certification application:**

IF APPLICANT IS A:	ATTACH TO CERTIFICATION FOR THE FOLLOWING:
<b>Partnership or Association</b>	Current copy of articles, if any or the certificate required to be filed by any state, country or municipality along with verification that the document(s) was filed with the appropriate governmental agency.
<b>Corporation</b>	A copy of the Company’s corporate charter or certificate of corporate existence or incorporation along with verification that the document(s) was filed with the appropriate governmental agency. This copy must be executed by the appropriate state officer for the jurisdiction of incorporation. In addition, please provide documents that list the officers authorized to sign documents or otherwise act on behalf of the corporation.
<b>Limited Liability Company</b>	Current copy of the business document(s) filed with a state, county or municipality if such filing is required along with verification that the document(s) was filed with the appropriate governmental agency. An accurate copy of the company’s operating agreement must also be provided.
<b>Other business organization</b>	Current copy of the business document(s) filed with a state, county or municipality of such filing is required along with verification that the document(s) was filed with the appropriate governmental agency.

- \_\_\_\_ 17. **Escrow Agreement** – Attach a copy of the company’s current escrow agreement including any amendments that have been executed thereto. Initial to confirm that a current copy of this agreement is attached.
- \_\_\_\_ 18. **NPM Bond** – Attach the official NPM Bond form. The amount of the bond must be the greater of one hundred thousand dollars (\$100,000) or the greatest required escrow amount due from the NPM or its predecessor for any of the twelve (12) preceding calendar quarters. Please see Tenn. Code Ann. § 67-4-2602(d)(2) for additional bond requirements. An NPM must verify that its bond is still in effect, even if the NPM has previously submitted an official NPM Bond form. Please see the Attorney General’s website for the bond form. Initial to confirm that the required documents are attached.
- \_\_\_\_ 19. **Sales** – Attach a list of states in which you are currently listed on the directory of approved tobacco product manufacturers or in which you sell your tobacco products. Initial to confirm that this information is attached.
- \_\_\_\_ 20. **Fire Safety** – Provide copies of the verification of your company’s compliance with Tennessee’s fire-safe cigarettes requirements from the Tennessee Department of Commerce and Insurance, Division of Fire Prevention for each brand family for which you are seeking certification. Initial to confirm that this information is attached.
- \_\_\_\_ 21. **PACT Act** – Provide a copy of your company’s PACT Act registration submitted to the Tennessee Department of Revenue, if applicable. Initial to confirm that this information is attached, if applicable.
- \_\_\_\_ 22. **Consent to Suit** – Provide an original and a complete Consent to Suit form. Initial to confirm that this information is attached.
- \_\_\_\_ 23. **Importer Declaration(s)** – If applicable, provide an original and a completed United States Importer Declaration form from each of your importers accepting joint and several liability for obligations arising under the Escrow Fund Act. Initial to confirm that this information is attached, if applicable.

**Please note the State has the right to request additional information. You may receive correspondence requesting additional information. Your application will not be complete until all information has been provided.**

<b>Manufacturer Certification</b>	
Under penalty of perjury, I state that all of the information contained in this Certification and any attached documents are true and correct. This document must be signed and dated by an authorized notary public.	
_____	_____
NPM Authorized Designee (Print Name)	Title
_____	_____
Signature of NPM Authorized Designee	Date
Subscribed and sworn to before me on this day of _____, in the County of _____, in the State of _____.	
_____	_____
Signature of Notary Public	Commission Expires

**This form must be submitted along with the Annual Directory Certification, mailed to both addresses shown below:**

**State of Tennessee**  
Office of the Attorney General and Reporter  
Revenue Section  
Tobacco Enforcement Division  
Post Office Box 20207  
Nashville, TN 37202-0207

**Tennessee Department of Revenue**  
Andrew Jackson Building  
Taxpayer Services, 8<sup>th</sup> Floor  
500 Deaderick Street  
Nashville, TN 37242