



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

|                    |
|--------------------|
| <b>Sales Year:</b> |
| _____              |

**NON-PARTICIPATING MANUFACTURER'S  
 REQUEST FOR "UNITS SOLD" INFORMATION**

**I. Company Information**

|   |            |
|---|------------|
| Non-Participating Manufacturer:           |            |
| Address:                                  |            |
| Telephone:                                | Facsimile: |
| E-mail:                                   |            |
| Authorized Representative Making Request: |            |

**II. Request for "Units Sold" Information**

On behalf of the above-identified Non-Participating Manufacturer, \_\_\_\_\_  
 \_\_\_\_\_, hereby requests that the Tennessee Office of the  
 (Authorized Representative)  
 Attorney General's Tobacco Enforcement Division (hereinafter the "State") disclose the number  
 of "Units Sold", defined at Tenn. Code Ann. § 47-31-102(10), for the following brand families:  
 \_\_\_\_\_, sold to licensed  
 (NPM Brand Families)  
 Tennessee tobacco wholesalers during the following time period: \_\_\_\_\_.  
 (Year/Quarter)

By executing this request form, I acknowledge that Tennessee has the authority to revise  
 its calculation of the number of Units Sold if any new or amended information is received at any  
 time. I further acknowledge that the above-identified Non-Participating Manufacturer is required  
 to track its sales to licensed Tennessee tobacco wholesalers in accordance with Tenn. Code Ann.  
 § 47-31-102(10) and § 47-31-103.



**IV. Confidentiality Agreement**

On behalf of the above-identified Non-Participating Manufacturer, I, \_\_\_\_\_  
\_\_\_\_\_, hereby agree not to disclose the Units Sold  
(Authorized Representative)  
information provided by the State in response to this request, including wholesaler data collected  
by the Tennessee Department of Revenue, to anyone other than employees and representatives of  
the above-named Non-Participating Manufacturer.

**V. Signature**

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date