

**State of Tennessee**  
**Certification Form for Listing on Tennessee's Directory for 2012**  
**Pursuant to Tenn. Code Ann. 67-4-2601 et. seq.**  
**Official Form 022712**

Check appropriate response:

**Initial Directory Certification** Application – Tobacco Product Manufacturer is not currently listed on the Tennessee's Directory of Compliant Tobacco Product Manufacturers. Attach Form 092809 NPM Bond Requirement.

**Supplemental Directory Certification** – Change of information provided to the Attorney General and the Department of Revenue (change of information must be submitted at least 30 days prior to change or no more than 30 days after discovery of inaccurate, incomplete or misleading information.)

Reason: \_\_\_\_\_  
 \_\_\_\_\_

**Annual Directory Certification** – Due April 30 for continuation of listing on Tennessee's Directory of Compliant Tobacco Product Manufacturers.

Please type or legibly print in permanent blue ink. Use additional pages only when necessary.

**Part 1. General Information**

1. Applicant Tobacco Product Manufacturer Identification.

<b>Applicant Name:</b>	
<b>Contact Person:</b>	<b>Title:</b>
<b>Street Address:</b>	
<b>City/State/Zip:</b>	
<b>Mailing Address if different from above:</b>	
<b>City/State/Zip:</b>	
<b>Telephone Number (include country code):</b>	<b>Facsimile Number (include country code):</b>
<b>E-Mail Address:</b>	
<b>Website Address:</b>	
<b>Name of Person Completing Certification:</b>	
<b>Title of Person Completing Certification:</b>	

**Important Note: The State will not process incomplete, unsigned or illegible certifications.  
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2. The Tobacco Product Manufacturer identified above, as of the date of this Certification is:

**A Participating Manufacturer**

- OR -

**A Non-Participating Manufacturer** in full compliance with Tennessee Tobacco Manufacturers' Escrow Fund Act of 1999, T. C. A. §§ 47-31-101 *et. seq.*, including having made all required deposits into a Qualified Escrow Fund since the effective date of the Tennessee Tobacco Manufacturers' Escrow Fund Act of 1999 and any rules and regulations promulgated there under.

**ALSO COMPLETE OFFICIAL FORM 114780 NPM INFORMATION REQUEST AND SUBMIT IT ALONG WITH THIS FORM.**

3. Identify any attorney authorized to represent you regarding your Certification application for listing on the Tennessee Directory. If you do not have an attorney please indicate not applicable.

<b>Attorney Name:</b>	<input type="checkbox"/> <b>Not Applicable</b>
<b>Law Firm:</b>	
<b>Address:</b>	
<b>City/State/ZIP:</b>	
<b>Telephone Number:</b>	<b>Facsimile Number:</b>

4. Identify any person authorized to provide information to the State of Tennessee or receive information from the State of Tennessee regarding your Certification application for listing on the Tennessee Directory.

<b>Name and Title:</b>	<input type="checkbox"/> <b>Not Applicable</b>
<b>Company:</b>	
<b>Address:</b>	
<b>City/State/ZIP:</b>	
<b>Telephone Number:</b>	<b>Facsimile Number:</b>

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**Part 2. Indian Tribe/Nation Affiliation**

5. Please answer the following questions by placing an "X" in the box marked yes or no after each question:
- A. Is applicant a Federally recognized Indian Tribe/Nation or a legal entity formed under tribal law?  Yes  No
  - B. Is applicant owned by a member(s) of an Indian Tribe/Nation and located on Tribal land?  Yes  No
  - C. Does applicant have or make any claim of Tribal sovereign immunity?  Yes  No
  - D. Is applicant owned in whole or in part by any government or government agency?  Yes  No

If your answer to any of these questions is "Yes", please contact the Office of the Attorney General, Tobacco Enforcement Division, P O Box 20207, Nashville, TN 37202-0207, to make arrangements to execute required waivers of sovereign immunity in order to appear on the Directory of Compliant Tobacco Manufacturers in Tennessee.

**Part 3. Internet or Mail Order Sales**

- 6. Does Applicant advertise, offer for sale, sell, transfer or ship for profit cigarettes, roll-your-own ("RYO") tobacco, or smokeless tobacco into Tennessee through interstate commerce?  Yes  No
- 7. Has Applicant filed a PACT Act Registration form with the TN Dept. of Revenue?  Yes  No
- 8. Has Applicant filed PACT Reports for all shipments into TN?  Yes  No
- 9. If you answered "Yes" to questions #6 or #7, please attach a copy of the PACT Act Registration form filed with the Tennessee Department of Revenue.
- 10. If you answered "Yes" to question #8, please attach a summary (electronic or on cd will suffice) listing totals of all TN shipments made and whether tax was paid on each shipment.

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**Part 4. Brand Family Identification (Attached additional sheets if necessary):**  
**Participating Manufacturers complete columns A, B & C;**  
**Non-Participating Manufacturers complete columns A-F.**

**\* Remaining or Additional Brand Families \***

A. Brand Family*	B. Brand Name	C. Identify Cigarettes, RYO or Little Cigars.	D. Units Sold Preceding Calendar Year	E. Units Sold: Current Calendar Year (January –April 2012)	F. Name and Full address of other Manufacturers of Brand family in the Preceding or Current Calendar Year.
*(indicate any brand family for which you are seeking certification for the 2012 sales year.)					

**Part 5. Brand Family Identification to Remove.**

**\* REMOVE BRAND FAMILIES \***

A. Brand Family*	B. Brand Name	C. Identify Cigarettes, RYO or little cigars	D. Units Sold Preceding Calendar Year	E. Units Sold: Current Calendar Year (January – April 2012)	F. Name and Full address of other Manufacturers of Brand family in the Preceding or Current Calendar Year
(*indicate all brand families previously approved that you wish to remove for 2012 sales year)					

Indicate "N/A" if you are not removing any brand families otherwise state reason for removal:

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**Pursuant to Tenn. Code Ann. 67-4-2601 et. seq.**  
**Official Form 022712**  
**State of Tennessee - Affidavit of Tobacco Product Manufacturer**

Please complete and execute in **blue** permanent ink and send signed originals to the Tennessee Attorney General's Office and the Tennessee Department of Revenue at the two addresses listed in the Certification instructions.

An authorized officer of the Tobacco Product Manufacturer **MUST** sign this form and check the correct box below. This form must also be notarized.

Under penalty of perjury, I state that the Tobacco Product Manufacturer named in Part 1 as of the date of this Certification, is a Participating Manufacturer in full compliance with all applicable sections of Tenn. Code Ann. §§ 67-4-2601, *et seq.* and any rules and regulations promulgated thereunder.

**OR**

Under penalty of perjury, I state that the Tobacco Product Manufacturer named in Part 1 as of the date of this Certification, is a Non-Participating Manufacturer in full compliance with all applicable sections of Tenn. Code Ann. §§ 67-4-2601, *et seq.* and any rules and regulations promulgated thereunder. Additionally, the Tobacco Product Manufacturer identified in Part 1 fabricated or assembled the brand families listed herein that were sold in Tennessee during the calendar year stated herein.

Under penalty of perjury, I also state:

- (1) On behalf of the Tobacco Product Manufacturer named in Part 1, the Applicant is familiar with and will comply with all state and federal laws, rules and regulations regarding the sale of tobacco products and Cigarettes in Tennessee, including but not limited to, the Tennessee Tobacco Manufacturers Escrow Act of 1999, Tenn. Code Ann. §§ 47-31-101, *et seq.* and the directory statute located at Tenn. Code Ann. §§ 67-4-2601, *et seq.*;
- (2) I understand that the Attorney General or the Department of Revenue may require additional information and/or documentation to determine if the Applicant qualifies for listing on Tennessee's Directory;
- (3) I acknowledge that the Applicant has a duty to file an annual Certification and to supplement its application within 30 calendar days of its discovery that any information or documents contained in the Certification is inaccurate, incomplete or misleading;
- (4) I have read this Certification and the attached documents, and reviewed the Instructions and Definitions and to the best of my knowledge and information, this Certification has been completed in compliance with those instructions and definitions;
- (5) To the best of my knowledge, this Certification and its attachments are a complete, accurate, non-misleading and truthful response of the Applicant Tobacco Product Manufacturer;
- (6) On behalf of the Applicant, I hereby authenticate this Certification and its attachments for the purposes of any proceedings pursuant to any rules of procedure. These documents are authentic and true and accurate copies of Applicant's official records. The Applicant will not contest or object to the use of this Certification and its attachments in any proceeding; and
- (7) I am an authorized representative of the Applicant Tobacco Product Manufacturer with authority to bind the Applicant and submit this Certification to the State of Tennessee on its behalf.

By signing this Affidavit on behalf of the Applicant, I am stating I have the necessary authority on behalf of the Applicant to sign this Affidavit and bind the Applicant.

\_\_\_\_\_  
 Printed Name of Officer of Tobacco Product Manufacturer Title

Signature of Authorized Officer \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_, 20\_\_\_\_, in the State of \_\_\_\_\_ and County \_\_\_\_\_ of \_\_\_\_\_.

Print Name of Notary Public: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ Date Notary Commission Expires: \_\_\_\_\_

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