



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

Certification Year:

PM 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 online, however, all signatures must be executed in permanent blue ink.) This form must be submitted along with the Annual Directory Certification form, mailed to the address above and to the Tennessee Department of Revenue, Taxpayer Services, 5th Floor, 500 Deaderick Street, Nashville, TN 37242.

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

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** – Provide 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. "Printer Proofs" are preferred and may be submitted via e-mail, CD or other media.¹ Initial to confirm that you have attached and labeled these documents as **Attachment 1**.
- _____ 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. Initial to confirm that you have attached and labeled the requested documents as **Attachment 2**.

¹ This Office requests that manufacturers refrain from sending any paper packaging of any kind.
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- _____ 3. **Certificate of Compliance** (cigarettes only) – A copy of the current Centers for Disease Control and Prevention (CDC) ingredient-list compliance letter(s) pertaining to the brand families requested in this certification to be listed in Tennessee. Initial to confirm that you have attached and labeled the requested documents as **Attachment 3**.
- _____ 4. **FTC/FDA Warning Rotation Letter** (cigarettes only) - A copy of the TPM's most recent approval letter from the FTC for each brand family applicant wants listed on Tennessee's Directory, attached hereto and labeled as **Attachment 4a**. 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. The TPM's **Initials** confirm the following:
- a. The TPM has attached and **labeled** the FTC documents as **Attachment 4a**;
 - b. The TPM will continue to comply with the most recent attached FTC documents;
 - c. The TPM will timely provide the necessary information to the FDA and will provide this Office with a copy of the TPM's cover letter providing this information attached hereto, or when provided to the FDA, as **Attachment 4b**; and
 - d. The TPM, upon receipt of the FDA's response, will provide a copy of same within ten (10) business days to this Office.
- _____ 5. **Brand Family List** – A complete list of **all** cigarette Brand Families and roll-your-own tobacco Brand Families currently or previously manufactured for sale in the United States by the applicant manufacturer, its wholly-owned subsidiaries, and the parent company of any wholly-owned subsidiaries. This list should include all Brand Families manufactured for sale in the United States during the past seven years and should include the dates during which each Brand Family is or was manufactured and the place of manufacture for those Brand Families. Initial to confirm that you have attached and labeled these documents as **Attachment 5**.
- _____ 6. **Trademark Information** - A complete 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 must also be attached. Initial to confirm that these documents are attached and labeled as **Attachment 6**.
- _____ 7. **Trademark Owner's Certificate & Importer's Certificate** – A copy of the trademark owner's certificate under penalty of perjury that the trademark owner consents to the importation of the cigarettes into the United States, as required by 19 U.S.C.A. § 1681a(c)(3)(A), and a copy of the importer's certificate under penalty of perjury that the trademark owner's certificate is accurate, in effect, and has not been withdrawn, as required by 19U.S.C.A. § 1681a(c)(3)(B). Initial to confirm that these documents are attached and labeled as **Attachment 7**.
- _____ 8. **Photographs** -
- a. If you are submitting an Initial Directory Certification Application, 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. If you are submitting an Initial Directory Certification Application, provide five clear color photographs of the interior of each manufacturing facility. The photographs must

provide at a minimum the following: (i) clear and unobstructed views of the majority of the interior of the manufacturing facility, (ii) clear and unobstructed views of the number of manufacturing lines and machines in operation in the manufacturing facility, (iii) clear and unobstructed views of the manufacturing facility in operation, and (iv) 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 and labeled as **Attachment 8**.

_____ 9. **Company Officers and Owners** – A complete list of all officers and company owners (*all persons with an equity interest of 10% or more in Applicant Company.*)

This list must include the names, addresses, telephone numbers and email addresses for each person identified.

a. Have any of the individuals identified above ever been involved in any way with the licensing, manufacturing, importing or distributing of tobacco products manufactured by entities other than your Company? Yes No

b. If you answered “Yes” to 9(a) then please identify each person with an equity interest of 10% or more in your company who also are or have ever been involved with such other tobacco companies as described in 9(a).

c. For each person identified in response to 9(b) also specify in the attachment: (i) the Brand Families with which the person was involved, (ii) the entities with which the person was involved, (iii) the dates of involvement, and (iv) the level of involvement the person had with the other entity.

Initial to confirm that this information is attached and labeled as **Attachment 9**.

_____ 10. **Contract Manufacturing Agreements** – A copy of all contract manufacturing agreements for any Cigarettes that another tobacco product manufacturer fabricates for the Company or that the Company fabricates for another tobacco manufacturer. Initial to confirm that such agreements are attached and labeled as **Attachment 10**, or mark “NA” if not applicable.

_____ 11. **Fire Safety** – 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 and labeled as **Attachment 11**.

_____ 12. **PACT Act** – A copy of your company's PACT Act registration submitted to the Tennessee Department of Revenue, if applicable. Initial to confirm that this document is attached and labeled as **Attachment 12** if applicable, or mark “NA” if not applicable.

_____ 13. **Transfer of Tobacco Brands** – If your company, since joining the Master Settlement Agreement, has sold or otherwise transferred any of its Cigarette Brands, Brand Names, Cigarette product formulas or Cigarette businesses (other than a sale or transfer of Cigarette brands or Brand Names to be sold, Cigarette product formulas to be used, or businesses to be conducted, by the acquiror or transferee exclusively outside of the United States and its territories) to any person or entity that was not a Participating Manufacturer prior to the sale or acquisition, for each such sale or transfer, provide a copy of any contract or agreement for and/or related to such sale or transfer (any actual Cigarette product formulas may be redacted).

Initial to confirm that these documents are attached and labeled as **Attachment 13** if applicable, or mark “NA” if not applicable.

_____ 14. To the extent not included in the contract(s) and/or agreement(s) in *Information Request no. 13*, for each

such sale or transfer, provide a document that includes the following information:

- a. the identities of the acquirors or transferees of the sale or transfer;
- b. the date of the sale or transfer;
- c. the nature of the sale or transfer (as the sale or transfer of Cigarette Brands, Brand Names, Cigarette product formulas, and/or Cigarette businesses);
- d. a complete identification and description of the Cigarette Brands, Brand Names, Cigarette product formulas (any actual Cigarette product formulas may be excluded), and/or Cigarette businesses;
- e. a complete description of the consideration provided to your company for the sale or transfer;
- f. a complete description of the reasons for the sale or transfer;
- g. Brands, Brand Names, Cigarette product formulas, and/or Cigarette businesses;
- h. a complete description of the acquirors' or transferees' intended uses and of the acquirors' or transferees' uses of the Cigarette Brands, Brand Names, Cigarette product formulas, and/or Cigarette businesses;
- i. for any sale or transfer of any Cigarette product formulas, the identities of the brand families and the brands for which your company used the Cigarette product formulas; and
- j. for any sale or transfer of any Cigarette product formulas, the identities of the brand families and the brands for which the acquirors or transferees intended to use the Cigarette product formulas, and the identities of the brand families and brands for which the acquirors or transferees have used the Cigarette product formulas.

Initial to confirm that these documents are attached and labeled as **Attachment 14** if applicable, or mark "NA" if not applicable.

_____ 15. If any of your company's affiliates has made such a sale or transfer, identify the affiliate(s) and provide the same contracts, agreements, documents, and information for the affiliate's sale(s) or transfer(s).

Initial to confirm that these documents are attached and labeled as **Attachment 15** if applicable, or mark "NA" if not 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.

Manufacturer Certification

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.)*

PM Authorized Designee (Print Name)

Title

Signature of PM Authorized Designee

Date

Subscribed and sworn to me on this the
____ day if _____ in the County
of _____, in the State
of _____.

Signature of Notary Public

Commission Expires