



**STATE OF OHIO  
PARTICIPATING TOBACCO PRODUCT MANUFACTURER  
CERTIFICATE OF COMPLIANCE**

Pursuant to Ohio Revised Code §1346.02 and §1346.05  
and Ohio Administrative Codes 109:8-1-01 thru 109:8-1-03

Tobacco Enforcement Section  
30 E. Broad St., 16th Fl.  
Columbus, OH 43215-3428  
Telephone: (614) 387-5600  
Facsimile: (614) 387-5597  
www.ag.state.oh.us

**PART 1: PARTICIPATING TOBACCO PRODUCT MANUFACTURER IDENTIFICATION**

<b>A. Complete company information below (please type or print):</b>			
Company Name		Federal Mfg. Permit No.:	
		TP	
Address		P.O. Box	
City/State/Zip/Country			
Telephone Number:	Fax Number	E-Mail Address	Website URL
Name/Title of Person Completing Form			

<b>B. This form is (check one below):</b>
<input type="checkbox"/> Initial Certification – Manufacturer is not currently listed on the Ohio Tobacco Directory.
<input type="checkbox"/> Annual Certification - Due April 30, 2009 for Ohio sales in 2008
<input type="checkbox"/> Supplemental Certification – Change of information provided to the Attorney General.

**PART 2: PARTICIPATING MANUFACTURER BRAND FAMILY IDENTIFICATION  
(ATTACH ADDENDUM IF NECESSARY)**

**A. List the brands which are being sold by the manufacturer identified in Part 1a and are currently listed on the Ohio Tobacco Directory.**

*Indicate with an asterisk (\*) those brands not being sold in current year. Attach addendum if necessary*

Brand Name	Cigarette/RYO	Brand Name	Cigarette/RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO

**B. List any new brands that are not currently listed on the Ohio Tobacco Directory which the manufacturer identified in Part 1a intends to sell in Ohio.**

Brand Name	Cigarette/RYO	Brand Name	Cigarette/RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO

**C. Identify any brands currently listed on the Ohio Tobacco Directory that are no longer being sold by the manufacturer identified in Part 1a.**

Brand Name	Cigarette/RYO	Brand Name	Cigarette/RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO

**PART 3: ADDITIONAL INFORMATION REQUIRED BY THE ATTORNEY GENERAL'S OFFICE**

- A. For each brand certified in Part 2a and 2b, complete a **PM Brand Identification Form (form PM001 (12/08.))**
- B. A copy of the current U.S. Treasury Tobacco Tax Bureau (TTB) permit as a manufacturer and/or importer as required by 26 U.S.C. §5712 and §5713 must be provided for the tobacco product manufacturer identified in Part 1A of this form.
- C. If not previously submitted, or if changed since last submission, provide original packaging for one brand style which is representative of each brand family certified in Parts 2a and 2b of this form. Flat empty cartons and packs are preferred. Submit new packaging each time you change your packaging or add new brand families. Check one below:
  - Packaging for each brand family has not been previously submitted/has changed. Samples are enclosed.
  - Packaging for each brand family has been previously submitted and has not changed.

**PART 4: AFFIDAVIT OF TOBACCO PRODUCT MANUFACTURER**

This certification **MUST** be signed by a qualified company officer of the manufacturer **identified in Part 1A** to bind the applicant company. This form **MUST** be notarized.

My position with the company and my actual authority to certify on behalf of the applicant meets the foregoing requirements:

I understand that the Attorney General may require additional information and/or documentation to determine if applicant and/or brands qualify for listing on the Ohio Directory.

I have examined this Certification, including attachments and supporting documents and, to the best of my knowledge and belief, this Certification, including attachments and supporting documents, is true, correct, and complete.

I understand that in the event the information submitted is no longer accurate, the manufacturer shall notify the Attorney General.

On behalf of the Applicant the undersigned agrees that any action or proceeding against it arising from enforcement of the provisions of Ohio Revised Code §1346.01 through §1346.10 and any rules promulgated pursuant to these statutes, may be commenced against Applicant in any state court within Ohio, that the laws of the State of Ohio will govern such proceedings, and that Applicant waives any immunity from suit, liability, judgment and collection that Applicant may possess.

Under penalty of falsification, I state that the tobacco product manufacturer named in Part 1A, as of the date of this certification, is a participating manufacturer in full compliance with all applicable sections of Chapter 1346 of the Ohio Revised Code, and with the MSA amendment and or agreement applicable to its admission into the MSA.

By signing this affidavit on behalf of the applicant company I understand that the company is required to comply with state and federal laws concerning the sale of tobacco products.

\_\_\_\_\_  
Name of Officer of Tobacco Product Manufacturer (print name) Title

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

Subscribed and sworn to this date: \_\_\_\_\_ County of: \_\_\_\_\_ State of: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ Notary Commission expires: \_\_\_\_\_