



STATE OF OHIO
NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER
CERTIFICATE OF COMPLIANCE
 Pursuant to R.C. 1346.02 and 1346.05
 And Ohio Adm.Code 109:8-1-01 thru 109:8-1-03

Executive Agencies
 Tobacco Enforcement Unit
 30 E. Broad St., 26th Fl.
 Columbus, OH 43215-3428
 Telephone: (614) 387-5600
 Facsimile: (614) 387-5597
 www.ohioattorneygeneral.gov

PART 1: NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

A. Complete company information below (please type or print):

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. This form is (check one below):

Initial Certification – Manufacturer is not currently listed on the Ohio Tobacco Directory.
 Annual Certification - Due April 30, 2012 for Ohio sales in 2011
 Supplemental Certification – Change of information provided to the Attorney General.

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

The Tobacco Product Manufacturer seeks to certify the following brand families and accepts escrow responsibility for all cigarettes and RYO sold in Ohio under these brand names.

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

Brand Name	Cigarette/RYO	Brand Name	Cigarette/RYO
.....	Cigarette RYO	Cigarette RYO
	Cigarette RYO		Cigarette RYO
	Cigarette RYO		Cigarette RYO
	Cigarette RYO		Cigarette RYO
	Cigarette RYO		Cigarette 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
.....	Cigarette RYO		Cigarette RYO
	Cigarette RYO		Cigarette RYO
	Cigarette RYO		Cigarette 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
	Cigarette RYO		Cigarette RYO
	Cigarette RYO		Cigarette RYO
	Cigarette RYO		Cigarette RYO

PART 3: REQUIRED ATTACHMENTS

- A. For each brand certified in Parts 2A and 2B of this Certificate of Compliance, complete a Brand Identification and Sales Information Form *NPM002 (Rev. 03/2012)* See:
<http://www.ohioattorneygeneral.gov/Services/Business/Tobacco-Directory-Search>
- B. Provide 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. To ensure compliance with Ohio Adm.Code 109:8-1-02(A)(5), provide a Statement of Condition from the Ohio Department of Taxation. Please contact the Ohio Department of Taxation at:

Ohio Department of Taxation
Attn: Gabriel Jacoby
4785 Northland Ridge Blvd.
Columbus, Ohio 43229
Phone: 614-387-1808

- D. 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: ADDITIONAL INFORMATION

- A. Pursuant to R.C. 3739.07, a manufacturer must submit to the State of Ohio Fire Marshal a certification that its brands meet the requirements of the Reduced Ignition Propensity Standards for Cigarettes. **Please check below:**

- Each brand family listed in Part 2A and 2B meets the requirements of the Reduced Ignition Propensity Standards for Cigarettes in Ohio. (If not previously submitted, a certification must be submitted with this Certificate of Compliance).

- B. Pursuant to the federal Prevent All Cigarette Trafficking (“PACT”) Act, 15 U.S.C. §§375, et.seq., all persons who sell, transfer, or ship cigarettes (including roll-your-own tobacco) in interstate commerce for profit, or who offers cigarettes for such a sale, transfer, or shipment must: (1) register with the tobacco tax administrator of the state into which shipment is made; and (2) file monthly reports with the tobacco tax administrator (Ohio Department of Taxation), no later than the 10th of each month, identifying the brands, quantities, and recipients of cigarette shipments into such state. **Please check below:**

- The Tobacco Product Manufacturer listed in Part 1A is in full compliance with the PACT Act, including but not limited to: registering and filing monthly reports with the Ohio Department of Taxation.

- C. Pursuant to R.C. 2927.023 the shipment of cigarettes to anyone in Ohio other than “authorized recipients” of tobacco products, as that term is defined in R.C. 2927.023(A)(1), is strictly prohibited. Ohio law requires that all direct cigarette sales to Ohio consumers be made in a “face-to-face” transaction. Thus, cigarettes cannot be sold via the Internet to Ohio consumers. **Please check below:**

- The Tobacco Product Manufacturer listed in Part 1A is in full compliance of R.C. 2927.023.

PART 5: NON-PARTICIPATING MANUFACTURER REGISTERED AGENT

Check one below:

- The non-participating manufacturer identified in Part 1A is registered to do business in Ohio.
- The non-participating manufacturer identified in Part 1A has appointed and continues to engage the following agent located in Ohio.

A current letter (dated this year) from the registered agent accepting this appointment must be attached.

Name of Registered Agent			
Address	City	State	Zip
Telephone Number:	Fax Number		

PART 6: NON-PARTICIPATING MANUFACTURER QUALIFIED ESCROW ACCOUNT

A. Escrow Account Information

The non-participating manufacturer identified in Part 1A has established and continues to maintain the following qualified escrow fund under R.C. 1346.02.

Name of Financial Institution				
Address	City	State	Zip	Country
Contact Name/Title				
Telephone Number:	Fax Number			
Escrow Account Number	Ohio Sub-Account Number	Provide name of any security interest in escrow account		

B. The following are part of the Certification and **must** be sent to the Ohio Attorney General's Office **directly** from the named financial institution. The Financial Institution noted in Part 5A of this certification is required to provide the following and are due by **April 30, 2012**:

- I. An executed copy of the Non-Participating Manufacturer's current Escrow Agreement, along with any amendments or attachments.
- II. Proof of amount and date of deposit to Ohio's segregated sub-account for 2011 sales.
- III. Current account ledger of the tobacco product manufacturer's segregated sub-account for Ohio.
- IV. Provide the name of any security interest in the escrow account. If there is no security interest, the financial institution must provide verification that there is none.

C. Escrow calculation and deposit for sales in Ohio in 2011.

1. Show on Line A, the total units sold by non-participating manufacturer in Ohio during calendar year 2011:	A. _____ (units)
2. On Line B, the applicable rate per unit sold in 2011 is the base rate per unit sold, \$0.0188482, plus the inflation adjustment of 0.0094099 per unit.	B. _____
3. Multiply Line A and B to determine the escrow deposit for 2011 sales in Ohio:	C. _____ (multiply A x B)
DEPOSIT TO OHIO SEGREGATED SUB-ACCOUNT MUST BE MADE BY APRIL 15, 2012	

D. Quarterly Escrow Deposits Previously Made for 2011 Sales.

	Date of Deposit	Amount of Deposit
1 st Quarter Deposit		
2 nd Quarter Deposit		
3 rd Quarter Deposit		
4 th Quarter Deposit		
Total Deposit		

E. Additional Escrow Deposit/Withdrawal History for the State of Ohio: (Attach additional sheets if necessary)

Withdrawals must comply with R.C. 1346.02 and verification of compliance must be provided.

Date	Deposit	Withdrawal	Balance
	Total:	Total:	Total:

**PART 7: STAMPING AGENT AS IDENTIFIED in R.C. 1346.04
ATTACH ADDITIONAL SHEETS IF NECESSARY**

Instructions for Manufacturer: List each distributor that stamps your cigarette brand(s) for sales in Ohio, and/or pays Ohio OTP tax on your RYO brand(s). For each distributor, provide the name, address, contact person and phone numbers. For each distributor, provide the sales volume for each brand family. The product manufacturer affirms that the following brand families are to be deemed its cigarettes for purposes of R.C. 1346.02 and 1346.05.

*List all brand families sold in Ohio during the Quarter covered by this certification.
.09 oz. of RYO constitutes one unit.*

Distributor Name:	Brand Family: Check One: – RYO – Cigarette	Sales Volume per Manufacturer:
Contact Person's Title/Name:		
Distributor Address:		
Phone Number:		
Distributor Name:	Brand Family: Check One: – RYO – Cigarette	Sales Volume per Manufacturer:
Contact Person's Title/Name:		
Distributor Address:		
Phone Number:		
Distributor Name:	Brand Family: Check One: – RYO – Cigarette	Sales Volume per Manufacturer:
Contact Person's Title/Name:		
Distributor Address:		
Phone Number:		

Distributor Name:	Brand Family:	Sales Volume per Manufacturer:
Contact Person's Title/Name:	Check One:	
Distributor Address:	- RYO	
Phone Number:	- Cigarette	
Distributor Name:	Brand Family:	Sales Volume per Manufacturer:
Contact Person's Title/Name:	Check One:	
Distributor Address:	- RYO	
Phone Number:	- Cigarette	
Distributor Name:	Brand Family:	Sales Volume per Manufacturer:
Contact Person's Title/Name:	Check One:	
Distributor Address:	- RYO	
Phone Number:	- Cigarette	
Distributor Name:	Brand Family:	Sales Volume per Manufacturer:
Contact Person's Title/Name:	Check One:	
Distributor Address:	- RYO	
Phone Number:	- Cigarette	
Distributor Name:	Brand Family:	Sales Volume per Manufacturer:
Contact Person's Title/Name:	Check One:	
Distributor Address:	- RYO	
Phone Number:	- Cigarette	
Distributor Name:	Brand Family:	Sales Volume per Manufacturer:
Contact Person's Title/Name:	Check One:	
Distributor Address:	- RYO	
Phone Number:	- Cigarette	

PART 8: AFFIDAVIT OF NON-PARTICIPATING 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 R.C. 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 the certification, is a non-participating manufacturer in full compliance of all applicable sections of Chapter 1346 of the Ohio Revised Code and all local, state, and federal laws.

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 Owner/ Officer of Non-Participating Tobacco Product Manufacturer (print name) Title

Signature of Owner/Officer Date

Subscribed and sworn to this date: _____ State/County of: _____

Signature of Notary Public: _____ Notary Commission expires: _____

**Send completed Certificate of Compliance, Schedules and attachments to:
Ohio Attorney General's Office
Tobacco Enforcement Section - 455000
30 East Broad Street, 26th Floor
Columbus, Ohio 43215**