DAVE YOST
OHIO ATTORNEY GENERAL

Antitrust – Tobacco Unit
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NOTICE TO FORM USERS

March 29, 2023

The following forms have been optimized for use in Foxit PDF reader [free to download]:

- **Form NPM001: Non-Participating Tobacco Product Manufacturer Certificate of Compliance**
- **Form QC01: Non-Participating Tobacco Product Manufacturer Quarterly Certificate of Compliance**

Please be aware that certain functionalities of these forms, especially the attachment buttons, may not function properly in other PDF readers. If you encounter difficulties using the functionalities of these forms, please do the following:

- If attachment buttons do not work, use the attachment function of your PDF reader or simply combine this form with an electronic version of all required attachments to create a single PDF for submission.
- If data entry fields do not work, provide answers on a separate sheet and attach to the main form for submission. Alternatively, you may print the form and fill in fields by hand.

PLEASE NOTE: **You must use these forms.** Due to updates to the forms' contents, prior versions of the forms will not be accepted. Even if you leave a form blank because answers have been provided on a separate sheet, a current form must be submitted as the first pages of your filing.

DAVE YOST
OHIO ATTORNEY GENERAL

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

PART 1: NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

A. Complete company information below:

Company Name	EIN Number	TTB Permit Number

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): If this is an amended filing, check here: ☐

◯ Annual Certification	Due **April 30, 2023** for Ohio sales in 2022
◯ Supplemental Certification	Request to change brand families listed on the Ohio Tobacco Directory
◯ Initial Certification	Manufacturer is not currently listed on the Ohio Tobacco Directory
◯ Final Certification	Manufacturer request to be removed from the Ohio Tobacco Directory

PART 2: NON-PARTICIPATING MANUFACTURER BRAND FAMILY IDENTIFICATION (IF NEEDED, SEE ADDITIONAL LINES ON PAGE 2)

The Tobacco Product Manufacturer identified in Part 1A seeks to have the brand families identified in this Part listed on or removed from the Ohio Tobacco Directory and accepts responsibility for all cigarettes and RYO sold in Ohio under these brand names.

A. Brands that are sold in Ohio by the manufacturer and that 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

B. Brands the manufacturer intends to sell in Ohio and seeks to add to the Ohio Tobacco Directory.

Brand Name	Cigarette	RYO	Brand Name	Cigarette	RYO
	◯ Cigarette	◯ RYO		◯ Cigarette	◯ RYO
	◯ Cigarette	◯ RYO		◯ Cigarette	◯ RYO

C. Brands on the Ohio Tobacco Directory that the manufacturer no longer sells in Ohio and seeks to remove from the Directory.

Brand Name	Cigarette	RYO	Brand Name	Cigarette	RYO
	◯ Cigarette	◯ RYO		◯ Cigarette	◯ RYO
	◯ Cigarette	◯ RYO		◯ Cigarette	◯ RYO

PART 2: NON-PARICIPATING MANUFACTURER BRAND FAMILY IDENTIFICATION (CONTINUED FROM PAGE 1 - IF NEEDED)

A. Brands that are sold in Ohio by the manufacturer and that 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
	◯ Cigarette	◯ RYO		◯ Cigarette	◯ RYO
	◯ Cigarette	◯ RYO		◯ Cigarette	◯ RYO
	◯ Cigarette	◯ RYO		◯ Cigarette	◯ RYO
	◯ Cigarette	◯ RYO		◯ Cigarette	◯ RYO
	◯ Cigarette	◯ RYO		◯ Cigarette	◯ RYO

B. Brands the manufacturer intends to sell in Ohio and seeks to add to 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

C Brands on the Ohio Tobacco Directory that the manufacturer no longer sells in Ohio and seeks to remove from the 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

PART 3: REQUIRED ATTACHMENTS

A. For each brand listed in Parts 2A and 2B of this Certificate of Compliance, complete a Brand Identification Form ***NPM002 (Rev. 02/2023)***.

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.

Attach TTB Permit

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 follow the link below to request a Statement of Condition.

Click Here to Request a Statement of Condition

*Please note - the link takes you to the Ohio Department of Taxation website - the request must be submitted, per instructions, to the Ohio Department of Taxation.

Attach Packaging

Attach Statement of Condition

D. Provide a list of all brand families listed in Part 2 with the date when the packaging was last changed for each brand. If not previously submitted, or if changed since last submission, provide original packaging for one brand style which is representative of each brand family listed in Parts 2A and 2B of this form. Electronic delivery of package design is preferred. Submit new packaging each time you change your packaging or add new brand families. **Check below if including package samples:** :

☐ Packaging for each brand family has not been previously submitted/has changed. Samples are attached.

Attach List of Brand Packaging Dates

E. 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 ("R.I.P.C.").Please check to affirm:

☐ Each brand family listed in Part 2A and 2B meets the requirements of the R.I.P.C. in Ohio.

Attach R.I.P.C. Certification

PART 4: ADDITIONAL INFORMATION

A. 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 offer 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.

Identify the person who, on behalf of the Tobacco Product Manufacturer, registers and files monthly reports with the Ohio Department of Taxation regarding the PACT Act:

Please check to affirm:

☐ The Tobacco Product Manufacturer is in full compliance with the PACT Act.

B. 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 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 to affirm below:

☐ The Tobacco Product Manufacturer is in full compliance with R.C. 2927.023.

PART 5: NON-PARTICIPATING MANUFACTURER REGISTERED AGENT

Attach Registered Agent Letter

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
Contact Name / 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 (if any)	Provide name of all holders of a security interest in escrow account.		

B. The following information is part of the Certification and must be sent to the Ohio Attorney General's Office directly from the Financial Institution identified in Part 6A. The information must be provided by April 30, 2023:

I. An executed copy of the Non-Participating Manufacturer's current Escrow Agreement, along with any amendments or attachments.

II. Proof of the amount and date of each deposit to the escrow account for 2022 sales in Ohio.

III. Current ledger of the escrow account or any Ohio subaccount..

IV. Provide the name of any person holding a security interest in the escrow account. If there is no security interest, the Financial Institution must verify that there is none.

Escrow calculation for sales in Ohio in 2022.

(Cigarette units sold: 1 stick =1 unit; RYO units sold: 0.09 oz=1 unit)

1. Total units sold by the Non-Participating Manufacturer in Ohio during calendar year 2022: Total Units Cigarettes: Total Units RYO:	**1.**	0.00
2. The rate per unit sold in 2022 including inflation adjustment:	**2.**	**0.0420119**
3. Multiply boxes 1 and 2. This is the amount of escrow owed by the Non-Participating Manufacturer for 2022 sales in Ohio:	**3.**	$0.00
DEPOSIT MUST BE MADE BY APRIL 15, 2023		

D. Quarterly Escrow Deposits Previously Made for 2022 Sales.

	Date of Deposit	Amount of Deposit
1st Quarter Deposit		
1st Quarter Additional Deposit		
2nd Quarter Deposit		
2nd Quarter Additional Deposit		
3rd Quarter Deposit		
3rd Quarter Additional Deposit		
4th Quarter Deposit		
4th Quarter Additional Deposit		
Total Deposit		$0.00

E. Escrow Transfer/Withdrawal History for the State of Ohio: (Attach additional sheets if necessary)
Transfers and withdrawals from escrow must comply with R.C. 1346.02.
Verification of compliance must be provided.

Date	Transfer Out	Withdrawal
	Total: $0.00	Total: $0.00

PART 7: ESCROW INVESTMENT INFORMATION:

1. In order to be compliant with Section 5 of the Escrow Agreement entered into between the NPM and the Escrow Agent, both the aggregate federal tax cost and the aggregate face value of the cash investments held in the account must equal or exceed the accumulated required deposits. Please confirm that all cash and investments in the qualified escrow fund held for the benefit of the State of Ohio are compliant with Section 5 of the Escrow Agreement. Please also provide a detailed accounting regarding each investment, including whether the investment was purchased at a premium or in some other manner that could result in less than the full principal amount being available during the 25 years that the escrow funds are held for the benefit of Ohio.

Attach confirmation and accounting of each investment

2. Provide copies of all written instructions provided by the NPM to the Escrow Agent. If investment instructions are oral, provide a detailed summary of the instructions. If no instructions have been given to the Escrow Agent, please confirm that the Escrow Agent is using the default instructions provided for in Section 4 of the Escrow Agreement.

Attach copies of written instructions

PART 8: NON-PARTICIPATING MANUFACTURER IMPORTER(S)

Attach importer TTB permit(s)

1. Is the Non-Participating Manufacturer located outside of the United States? ○ Yes ○ No
2. If "Yes", provide the following contact information for the importer (attach a list if more than one importer). Also, attach the TTB permit for each importer.

Importer Name:	**Attach list of importers with contact details**
Importer Address:	
Importer Contact Name:	
Contact Phone Number:	

PART 9: STAMPING AGENTS (ATTACH ADDITIONAL SHEETS IF NECESSARY)

Instructions to Manufacturer: List each Ohio Stamping Agent (as defined in R.C. 1346.04), whether or not located in Ohio, to which you sold cigarettes and RYO tobacco in 2022. For each Stamping Agent, provide the indicated company information along with its volume of sales into Ohio during 2022 for each of your brand families. (If no sales into Ohio, put zero under "Sales Volume."). You affirm that the brand families you list here are to be deemed your cigarettes for purposes of R.C. 1346.02and 1346.05.

Sales Volume:For RYO brands,provide number of ounces sold. For cigarette brands,providenumber of sticks sold.

For a list of Ohio Stamping Agents, please refer to Ohio Department of Taxation website

List of Ohio Stamping Agents

Stamping Agent Name: Stamping Agent Address:	Brand Family:		Sales Volume:
Contact Name & Title:	◯	RYO (ounces)	
Contact Phone Number:	◯	CIGARETTE (sticks)	
Stamping Agent Name: Stamping Agent Address:	Brand Family:		Sales Volume:
Contact Name & Title:	◯	RYO (ounces)	
Contact Phone Number:	◯	CIGARETTE (sticks)	
Stamping Agent Name: Stamping Agent Address:	Brand Family:		Sales Volume:
Contact Name & Title:	◯	RYO (ounces)	
Contact Phone Number:	◯	CIGARETTE (sticks)	
Stamping Agent Name: Stamping Agent Address:	Brand Family:		Sales Volume:
Contact Name & Title:	◯	RYO (ounces)	
Contact Phone Number:	◯	CIGARETTE (sticks)	
Stamping Agent Name: Stamping Agent Address:	Brand Family:		Sales Volume:
Contact Name & Title:	◯	RYO (ounces)	
Contact Phone Number:	◯	CIGARETTE (sticks)	

Stamping Agent Name:	Brand Family:	Sales Volume:
Stamping Agent Address:		
Contact Name & Title:	◯ RYO (ounces)	
Contact Phone Number:	◯ CIGARETTE (sticks)	
Stamping Agent Name:	Brand Family:	Sales Volume:
Stamping Agent Address:		
Contact Name & Title:	◯ RYO (ounces)	
Contact Phone Number:	◯ CIGARETTE (sticks)	
Stamping Agent Name:	Brand Family:	Sales Volume:
Stamping Agent Address:		
Contact Name & Title:	◯ RYO (ounces)	
Contact Phone Number:	◯ CIGARETTE (sticks)	
Stamping Agent Name:	Brand Family:	Sales Volume:
Stamping Agent Address:		
Contact Name & Title:	◯ RYO (ounces)	
Contact Phone Number:	◯ CIGARETTE (sticks)	
Stamping Agent Name:	Brand Family:	Sales Volume:
Stamping Agent Address:		
Contact Name & Title:	◯ RYO (ounces)	
Contact Phone Number:	◯ CIGARETTE (sticks)	
Stamping Agent Name:	Brand Family:	Sales Volume:
Stamping Agent Address:		
Contact Name & Title:	◯ RYO (ounces)	
Contact Phone Number:	◯ CIGARETTE (sticks)	
Stamping Agent Name:	Brand Family:	Sales Volume:
Stamping Agent Address:		
Contact Name & Title:	◯ RYO (ounces)	
Contact Phone Number:	◯ CIGARETTE (sticks)	

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PART 10: AFFIDAVIT OF NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER

Instructions: This affidavit must be signed by an authorized representative of the Tobacco Product Manufacturer ("Manufacturer") identified in Part 1A and MUST be notarized and the original of this affidavit sent to the address below.

I, an authorized representative of the Manufacturer, affirm the following:

Manufacturer understands that the Attorney General may require additional information or documentation to determine if Manufacturer or brands qualify for listing on the Ohio Tobacco Directory.

Manufacturer understands that in the event the information submitted is no longer accurate, the Manufacturer shall notify the Attorney General and provide corrected information.

Manufacturer 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 Manufacturer in any state court within Ohio,that the laws of the State of Ohio will govern such proceedings, and that the Manufacturer waivesany immunity from suit, liability, judgment, and collection that Manufacturer may possess.

I am an authorized representative of the Manufacturer with authority to bind the Manufacturer and make this certification on its behalf.

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

Under penalty of falsification, I certify that the Manufacturer is a Non-Participating Manufacturer in full compliance with all applicable sections of R.C. Chapter 1346 and all local, state, and federal laws.

_____

Print Name of Tobacco Product Manufacturer

_____

Print Name and Title of Authorized Representative

_____

Signature of Authorized Representative Date

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

Signature of Notary Public: _____ Notary Commission expires: _____

Mail fully executed Affidavit of Tobacco Product Manufacturer to:
Ohio Attorney General's Office
Tobacco Enforcement Unit
30 East Broad Street, 26th Floor
Columbus, Ohio 43215

FormNPM002

Sales Year **2022**

DAVE YOST
OHIO ATTORNEY GENERAL

NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER BRAND IDENTIFICATION FORM

(Copy this form and attach for each additional brand)

Pursuant to R.C. 1346.02 and 1346.05 and Ohio Adm.Code 109:8-1-01 thru 109:8-1-03

The Non-Participating Manufacturer identified in Part 1 of the Certificate of Compliance has the following brand, which the Tobacco Product Manufacturer affirms is deemed its cigarette or RYO tobacco for purposes of R.C. 1346.02 and 1346.05. Please note that pursuant to R.C. 1346.05(A)(4)(b) the Attorney General retains the discretion to determine that the cigarettes or RYO tobacco in a brand family constitute the cigarettes of another tobacco product manufacturer.

Complete for each brand sold in the 2022 calendar year and at any time in the current calendar year.

1. Non-Participating Manufacturer Name:				
2. Brand Identification and Sales Information				
2a. Brand Name:		2b. Cigarettes or Roll-Your-Own:	◯ CIGARETTE	◯ RYO
2c. Total units of this brand sold in Ohio for 2022:		*NOTE: .09 OZ OF RYO CONSTITUTES ONE UNIT*		
2d. Is this brand currently being sold in Ohio as of the date of this Certification?			◯ Yes ◯ No	
3. If the factory address is different than the manufacturer address listed in Part 1 of the Certificate of Compliance, please complete 3a through 3e below:				
3a. Factory Address:				
3b. Factory Phone Number:		3c. Factory Fax Number:		
3d. Factory Manager's Name:		3e. Manager's Phone No.:		
4. If this brand was previously manufactured by another entity, provide the names and addresses of such manufacturers:				
4a. Name of Previous Manufacturer:				
4b. Address of Previous Manufacturer:				
5. Contract Manufacturing Information for the brand listed in 2a of this form: Any manufacturing agreement providing permission to the Tobacco Product Manufacturer to manufacture this brand must be included.			**Attach Manufacturing Agreement**	
5a. Effective Date of Agreement:		5b. Expiration Date of Agreement:		
6. Federal Requirements (CIGARETTES ONLY)			**Attach FTC/CDC Letters**	
For the brand family identified in Part 2a of this form, provide a copy of the <u>current</u> Federal Trade Commission (FTC) letter, authorizing this brand's health-warning rotation plan.				
6a. FTC Effective Date:	6b. FTC Expiration Date:	6c. Plan submitted to FTC by:	6d. Relationship to Manufacturer:	
For the brand family identified in Part 2a of this form, provide a copy of the <u>current</u> Centers for Disease Control (CDC) letter, approving this brand's ingredient listing.				
6a. CDC Effective Date:	6b. CDC Expiration Date:	6c. List submitted to CDC by:	6d. Relationship to Manufacturer:	
7. Trademark Information for the brand listed in 2a of this form: Any license agreement or other document providing permission to the Tobacco Product Manufacturer to use the trademark must be included.			**Attach License Agreement**	
7a. Name of Trademark Owner:				
7b. Address of Trademark Owner:				
7c. Registration and/or Serial Number of Trademark:				
8. Compliance with the Ohio State Fire Marshal's Proof of "Reduced Ignition Propensity" Certification				
8a. Certification has been submitted to the Ohio Fire Marshal and is:			◯ Currently Listed	◯ Pending Approval
8b. Date of Fire Marshal's Approval:		8c. Expiration date of Certification:		

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DAVE YOST
OHIO ATTORNEY GENERAL

NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER CERTIFICATION OF PACT ACT INFORMATION

Pursuant to R.C. 1346.02 and 1346.05
And Ohio Adm.Code 109:8-1-01 thru 109:8-1-03

Part 1: Sales Year and Type of Certification				
Sales Year for this Certification: Complete a separate form for each sales year for which you are certifying. (check one)			◯ 2022	◯ Other
Type of Certification: (check one)	◯ Annual	◯ Supplemental	◯ Initial	◯ Final

Part 2: Non-Participating Manufacturer Identification	
Company Name:	

Part 3: PACT Act Registration		Attach Registration(s)
1	Has Manufacturer filed a PACT Act registration with the Ohio Department of Taxation?	◯ Yes, attached ◯ No ◯ NA
2	Has Importer filed a PACT Act registration with the Ohio Department of Taxation?	◯ Yes, attached ◯ No ◯ NA
3	Provide the name and address of Importer's Ohio Registered Agent:	
	Name:	
	Address:	
4	List all states with which Manufacturer or Importer has filed a PACT Act registration:	

Part 4: PACT Act Reports		
1	Has Manufacturer filed monthly reports of all shipments or transfers of cigarettes and tobacco products into Ohio during 2021 and 2022 with the Ohio Department of Taxation?	◯ Yes ◯ No ◯ NA
2	Has Importer filed monthly reports of all shipments or transfers of cigarettes and tobacco products into Ohio during 2021 and 2022 with the Ohio Department of Taxation?	◯ Yes ◯ No ◯ NA
3	List all states for which Manufacturer has filed monthly reports of shipments or transfers of cigarettes and tobacco products in 2021 and 2022:	

4	Provide the mode of delivery, and the name and address of all persons or entities delivering the cigarettes or other tobacco products into Ohio:		
	Mode of Delivery	**Name**	**Address**

Part 5: Miscellaneous Information

1	List all states into which Manufacturer shipped or transferred cigarettes and tobacco products in 2022:				

2	Provide the name and address of all Importers, Distributors, Wholesalers or Retailers to which Manufacturer made direct shipments or transfers of cigarettes and tobacco products in 2022:	
	Name	**Address**

3	List all states in which Manufacturer, during 2022, advertised or offered for sale cigarettes, RYO, or smokeless tobacco, even if no direct shipments or transfers were made into such states:				

DAVE YOST
OHIO ATTORNEY GENERAL

INSTRUCTIONS FOR FILING THIS CERTIFICATE OF COMPLIANCE FOR NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURERS

DEADLINE FOR FILING: APRIL 30, 2023

Complete and file only a **current** Non-Participating Tobacco Product Manufacturer Certificate of Compliance (Form NPM001 rev. 02/2023). Prior versions of this form will NOT be accepted.

1. Pursuant to R.C. 1346.07(C), the Attorney General may require a Tobacco Product Manufacturer to submit any additional information necessary to enable the Attorney General to verify whether a Manufacturer is in compliance with R.C. 1346.05 to 1346.10.
2. Submit the completed Certificate of Compliance beginning on April 1, 2023. Certificates will NOT be accepted for review before that date.
3. Email the completed Certificate of Compliance to the Ohio Attorney General at: TobaccoEnforcement@OhioAGO.gov.

REMINDER CHECKLIST FOR FILING CERTIFICATE OF COMPLIANCE

- ☐ Complete all parts of the Non-Participating Tobacco Product Manufacturer Certificate of Compliance. Complete the Brand Identification and Sales Information Form (Form NPM002 Rev. XXXXX) for each brand family listed in Part 2 of the Certificate.
- ☐ Complete all parts of the Non-Participating Tobacco Product Manufacturer Certification of PACT Act Information (Form NPM003 Rev. 02/2023)

- ☐ Ensure all brand families have been listed in Parts 2A, 2B, and 2C, as required, and the appropriate product type ("Cigarette" or "RYO") is marked for each.
- ☐ Ensure the Affidavit is signed by an authorized representative, notarized, and mailed as directed on the affidavit form.
- ☐ Attach a copy of the current U.S. Treasury Tobacco Tax Bureau (TTB) permit for the manufacturer and all importers.
- ☐ Attach, for each cigarette brand, a copy of the current Centers for Disease Control (CDC) letter, approving the ingredient listing.
- ☐ Attach, for each cigarette brand, a copy of the current Federal Trade Commission (FTC) letter approving the health-warning rotation plan.
- ☐ Instruct the escrow fund financial institution to email all items required in Part 6B directly to: TobaccoEnforcement@OhioAGO.gov.
- ☐ Attach list of most recent packaging design dates and package samples (if applicable). If physical samples are being provided, flat empty cartons and packs are preferred.
- ☐ Attach, for each cigarette brand identified in Part 2A and 2B, a copy of the current Reduced Ignition Propensity Standards for Cigarettes Certification.
- ☐ Attach a Statement of Condition from the Ohio Department of Taxation.

NOTE: INCOMPLETE FORMS AND ATTACHMENTS WILL BE REJECTED.