

NOTICE TO FORM USERS

March 11, 2024

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

- Form PM001: Participating Tobacco Product Manufacturer Certificate of Compliance
- Form PM002: Participating Tobacco Product Manufacturer Brand Identification Form
- Form PM003: Participating Tobacco Product Manufacturer Certification of PACT Act Information

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 the "Copy This Form" button does not work on the Form PM002, use the separate Form PM002 available on the AG website to generate additional copies as necessary.
- 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.

A.



STATE OF OHIO 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: PARTICIPATING TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

Complete company information below:

Company Name		EIN Number		TTB Permit Number		
ddress			P.O. Box			
ry/State/Zip/Country						
elephone Number F	ax Number	E-Mail Addres	s	Website URL		
me/Title of Person Completing Form		I				
s. This form is (check one	e below): If this	is an amended	filing, check here:			
Annual Certification			Ohio sales in 2023			
Supplemental Certif		•		n Ohio Tobacco Directo	orv	
Initial Certification	•		t to be listed on Ohio		<u>, </u>	
Final Certification				Ohio Tobacco Director	V	
	<u> </u>	•				
PART 2: PARTICIPATI	NG MANUFACTUR , SEE ADDITIONAL	LINES ON DAG	MILY IDENTIFICATION	N		
			•			
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irectory and accepts responsibility	y for all cigarettes and R\	'O sold in Ohio under t	hese brand names.	d on the Ohio Tobacco		
rectory and accepts responsibility	y for all cigarettes and R\	'O sold in Ohio under t	hese brand names.	d on the Ohio Tobacco		
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PART 2: PARTICIPATING MANUFACTURER BRAND FAMILY IDENTIFICATION (CONTINUED FROM PAGE 1 - IF NEEDED)

A. List the brands which are being sold by the manufacturer identified in Part 1A and are <u>currently</u> 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		
	Cigarette	RYO		Cigarette	RY0		

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									
	Cigarette RYO Cigarette RYO								
	Cigarette	RY0		Cigarette	RYO				

1	y any brands currently listed on the Ohio Tobacco Directory that are no longer being sold by the facturer identified in Part 1A.							
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 2 of this Certificate of Compliance, complete a Brand Identification Form **PM002** (Rev. 02/2024)
- **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. 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:

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 whichis representative of each brand family listed in Parts 2A and 2B of this form. Electronic delivery of package design ispreferred. Submit new packaging each time you change your packaging or add new brand families. Check below ifincluding package samples:

Packaging samples are being provided.

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

A certification must be submitted with this Certificate of Compliance.

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 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.

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 below:

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:

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

PART 5: PARTICIPATING MANUFACTURER IMPORTER

Is the Participating Manufacturer located outside of the United States?
 Yes No
 If "Yes", provide the following contact information for the importer (attach a list if more than

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:	
Importer Address:	
Importer Contact Name:	
Contact Phone Number:	

PART 6: MSA PAYMENT COMPLIANCE

Provide the following information about your annual MSA payment for the Sales Year and any disputes to that payment.

- 1) Net MSA payment due per independent Auditor final calculation:
- 2) Date of any dispute to Final Calculation
- 3) Amount of MSA payment paid by company without dispute:
- 4) Amount of MSA payment paid by company under dispute:
- 5) Amount of MSA payment withheld by company:
- 6) Amount of MSA payment deposited to Disputed Payments Account:

If your company had an obligation to make quarterly MSA payments during the Sales Year, provide the following information about your quarterly payments.

- 1) Amount of quarterly payment for Sales Year quarter 1:
- 2) Amount of quarterly payment for Sales Year quarter 2:
- 3) Amount of quarterly payment for Sales Year quarter 3:
- 4) Amount of quarterly payment for Sales Year quarter 4:
- 5) Total amount of quarterly MSA payments for the Sales Year:

Form PM001 (Rev.03/2024)

PART 7 AFFIDAVIT

Instructions: This affidavit must be signed by an authorized representative of the Tobacco Product Manufacturer ("Manufacturer") identified in Part 1A and this form must be notarized and the original of this affidavit mailed 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 the Manufacturer or brands qualify for listing on the Ohio Directory.

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

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,

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 Manufacturer waives any immunity from suit, liability, judgment and collection that Manufacturer may possess.

Under penalty of falsification, I certify that the Manufacturer is a Participating Manufacturer in full compliance with all applicable sections of Chapter 1346 of the Ohio Revised Code, any rules adopted under those sections, and with the MSA amendment and or agreement applicable to its admission into the MSA

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

Print Name of Tobacco Product Manufacturer		
Print Name and Title of Authorized Representative:		
Signature of Owner or Authorized Officer		Date
Subscribed and sworn to this date:	State/County of:	
Signature o	of Notary Public:	Notary
Commission expires:		

Form PM002 Sales Year 2023



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 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 2023 calendar year and at any time in the current calendar year.

1. Participating Manufacturer N	Name:					
2. Brand Identification and Sal	es Information					
2a. Brand Name:	2b.	Cigarettes or Roll-	Your-Own:	CIGARET	TE	RYO
2c. Total units of this brand sol	ld in Ohio for 2023:	NOTE: .09	OZ OF RYO CO	NSTITUTES ONE	UNIT	
2d. Is this brand currently being	g sold in Ohio as of the	e date of this Certif	cation?	Υ	⁄es	No
3. If the factory address is different complete 3a through 3e below		octurer address list	ed in Part 1 of t	he Certificate of	Complia	nce, please
3a. Factory Address:						
3b. Factory Phone No.:			3c. Factory Fa	x No.:		
3d. Factory Manager's Name:			3e. Manager's	s Phone No.:		
4. If this brand was previously	manufactured by ano	ther entity, provide	the names and	l addresses of su	uch man	ufacturers:
4a. Name of Previous Manufac	cturer:					
4b. Address of Previous Manuf						
5. Contract Manufacturing Info to the Tobacco Product Man	ufacturer to manufac				ement pr	oviding permission
5a. Effective Date of Agreemer	nt:	5b. E	xpiration Date o	of Agreement:		
6. Federal Requirements (CIGA For the brand family ident	ified in Part 2a of this	form, provide a co	- -		Commis	sion (FTC) letter,
6a. FTC Effective Date: 6b.	FTC Expiration Date:	6c. Plan submitt	ed to FTC by:	6d. Relation	nship to	Manufacturer:
For the brand family identific		•			ase Cont	rol (CDC) letter,
		ving this brand's in				
6a. CDC Effective Date: 6b. (CDC Expiration Date:	6c. List submitte	ed to CDC by:	6d. Relatio	nship to	Manufacturer:
7. Trademark Information for the to the Tobacco Product Man				nt or other docur	ment pro	viding permission
7a. Name of Trademark Owner	:					
7b. Address of Trademark Own	er:					
7c. Registration and/or Serial I	Number of Trademark	:				
8. Compliance with the Ohio St	ate Fire Marshal's Pro	oof of "Reduced Igr	ition Propensit	y" Certification		
8a. Certification has been subr	mitted to the Ohio Fire	Marshal and is:	Cur	rently Listed	Pendir	ng Approval
8b. Date of Fire Marshal's Appl	roval:		8c. Expiration	date of Certifica	ition:	



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

Pai	Part 1: Sales Year and Type of Certification									
		this Certificat you are certif			e form for each sales	2023	Other			
Тур	oe of Certific	ation: (check	one)	Initial	Annual	Supplementa	al		Final	
Pai	Part 2: Participating Manufacturer Identification									
Coi	Company Name:									
Pai	Part 3: PACT Act Registration									
1 Has Manufacturer filed a PACT Act registration with the Ohio Department of Taxation? Yes, attached No								NA		
2	Has Impor	ter filed a PA	CT Act	registration with th	ne Ohio Department of	Taxation? Y	es, attac	hed	No	NA
3	Provide the	e name and a	addres	ss of your importer's	s Ohio Registered Ager	nt, if any.:				
	Name:									
	Address:									
4	List all sta	tes with whic	h Mar	nufacturer has regis	stered as a Tobacco Ma	anufacturer:				
Pai	rt 4: PACT A	ct Reports								
1					ipments or transfers of 23 with the Ohio Depa		Yes	No		NA
2	Has Import	er filed mont	hly re	ports of all shipmer	nts or transfers of cigar he Ohio Department of	ettes and tobacco	Yes	No		NA
3	List all sta	tes for which in 2022 and	Manu 2023	ufacturer has filed 3 :	monthly reports of ship	oments or transfers of o	cigarette	es and to	obacco	

4	Provide the mode of delivery, including the name and address of the person delivering the cigarettes or other tobacco products into Ohio and other states:								
	Mode of Delivery Name					Address			
Pai	t 5: Miscellaneous Information								
1	Provide a list of states into which Manuf	acturer	shipped or transferred cig	garettes a	and tobacco proc	lucts in 2023:			
	Dravida a list of the page and address	of the class	partara Diatributara M/ba		ar Datailara ta w	hiah			
2	Provide a list of the name and address of Manufacturer made direct shipments or					THEH			
	Name			Add	dress				
3	Provide a list of states in which Manufacture no direct shipments or transfers were m			cigarett	es, RYO, or smok	eless tobacco, even if			



PARTICIPATING MANUFACTURER COMPLETING THE CERTIFICATE OF COMPLIANCE FORM

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 determine whether a Manufacturer is in compliance with R.C. 1346.05 to 1346.10

- 1. Complete and file only a current Participating Tobacco Product Manufacturer Certificate of Compliance (Form PM001 rev.03/2024). Prior versions of this form will NOT be accepted.
- 2. Submit the completed Certificate of Compliance beginning on March 1, 2024. 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 Participating Tobacco Product Manufacturer Certificate of Compliance.

Complete the Brand Identification and Sales Information Form (Form PM002 Rev. 03/2024) for each brand family listed in Part 2 of the Certificate.

Complete all parts of the Participating Tobacco Product Manufacturer Certification of PACT Act Information (Form PM003 Rev.03/2024).

Ensure all brand families have been listed in Parts 2A, 2B, and 2C, as required, and the appropriate product type ("Cigarettes" 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.

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 CigarettesCertification.

Attach a Statement of Condition from the Ohio Department of Taxation.