



NOTICE TO FORM USERS

March 11, 2025

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.



DAVE YOST
OHIO ATTORNEY GENERAL

**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

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, 2025 or Ohio sales in 2024
Supplemental Certification	Request to change brand families listed on Ohio Tobacco Directory
Initial Certification	Manufacturer request to be listed on Ohio Tobacco Directory
Final Certification	Manufacturer request to be removed from Ohio Tobacco Directory

**PART 2: 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:**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 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. 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
	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
	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. 03/2025)**
- 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:

- 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 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

1. Is the 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:	
Importer Address:	
Importer Contact Name:	
Contact Phone Number:	

PART 6: MSA PAYMENT COMPLIANCE

Provide the following information about your annual MSA payment in 2025 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 net MSA payment not disputed and paid:
- 4) Amount of net MSA payment disputed but paid to the states:
- 5) Amount of net MSA payment deposited to the Disputed Payments Account:
- 6) Amount of net MSA payment disputed and not paid or deposited:
- 7) Amount of net MSA payment not disputed and not paid or deposited:
- 8) Sum of amounts in question 3 through question 7:

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

- 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:

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 of Notary Public: _____ Notary

Commission expires: _____



DAVE YOST

OHIO ATTORNEY GENERAL

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 2024 calendar year and at any time in the current calendar year.

1. 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 2024:				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 No.:				3c. Factory Fax No.:			
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 manufacturer this brand must be included.							
5a. Effective Date of Agreement:				5b. Expiration Date of Agreement:			
6. Federal Requirements (CIGARETTES ONLY)							
For the brand family identified in Part 2a of this form, provide a copy of the <u>current</u> or most recent 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.							
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:			



DAVE YOST

OHIO ATTORNEY GENERAL

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)		2024	Other	
Type of Certification: (check one)	Initial	Annual	Supplemental	Final

Part 2: Participating Manufacturer Identification

Company Name:	
---------------	--

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 Importer filed a PACT Act registration with the Ohio Department of Taxation?	Yes, attached	No	NA
3	Provide the name and address of your importer's Ohio Registered Agent, if any.:			
	Name:			
	Address:			
4	List all states with which Manufacturer has registered as a Tobacco Manufacturer:			

Part 4: PACT Act Reports

1	Has Manufacturer filed monthly reports of all shipments or transfers of cigarettes and tobacco products into Ohio during 2023 and 2024 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 2023 and 2024 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 2023 and 2024 :			

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
Part 5: Miscellaneous Information					
1	Provide a list of states into which Manufacturer shipped or transferred cigarettes and tobacco products in 2024:				
2	Provide a list of the name and address of the Importers, Distributors, Wholesalers or Retailers to which Manufacturer made direct shipments or transfers of cigarettes and tobacco products in 2024:				
	Name		Address		
3	Provide a list of states in which Manufacturer advertises or offers for sale cigarettes, RYO, or smokeless tobacco, even if no direct shipments or transfers were made into such states:				



DAVE YOST
OHIO ATTORNEY GENERAL

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.03/2025). Prior versions of this form will NOT be accepted.
2. Submit the completed Certificate of Compliance beginning on March 31, 2025. 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. 03/2025) 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.03/2025).

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 or most recent 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 Cigarettes Certification.

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