



Certification
Year:

State of Tennessee
Office of the Attorney General and Reporter
Revenue Section
Tobacco Enforcement Division
Post Office Box 20207
Nashville, TN 37202-0207

NPM Information Request
Pursuant to Tenn. Code Ann. §§ 67-4-2601 *et seq.*

Please type or legibly print in permanent blue ink. Use additional pages as necessary. (This Form may be filled out online; however, all signatures must be executed in permanent [blue ink](#).)

Applicant name:
Street Address:
City/State/Zip/Country:
Mailing Address (if different from above):
City/State/Zip/Country:
Telephone number: Facsimile number:
E-mail address:

The following documents must be attached to this certification application. **Initial by each number to confirm that each document requested is attached and labeled appropriately:**

- _____ 1. **Samples** - Samples (or legible, identical size, color copies of all sides of the packaging thereof) of the current packaging and labeling used for each of the individual brands within each Brand Family listed in Part 3 of the Certification Form for Listing on Tennessee’s Directory. “Printer Proofs” are preferred and may be submitted via e-mail, CD or other media.¹ **Initial** to confirm that you have attached and **labeled** these documents as **Attachment 1**.
- _____ 2. **Permits & Licenses to Manufacture Cigarettes** - A copy of all permits, licenses, or other authorization to manufacture tobacco products issued by any governmental entity, whether located in the United States or elsewhere. **Initial** to confirm that you have attached and **labeled** the requested documents as **Attachment 2**.

¹ This Office requests that manufacturers refrain from sending any paper packaging of any kind.
Revised January 2024

- _____ 3. **Certificate of Compliance** (cigarettes only) - A copy of the current Centers for Disease Control and Prevention (CDC) ingredient-list compliance letter(s) pertaining to the brand families requested in this certification to be listed in Tennessee. **Initial** to confirm that you have attached and **labeled** these documents as **Attachment 3**.
- _____ 4. **FTC Warning Rotation Information** (cigarettes only) - A copy of the current approval letter from the FTC for each brand family applicant wants listed. If the Certification Applicant sells or intends to sell cigarettes that are not made in the United States, please identify the name and address of the entity that submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services. **Initial** to confirm that you have attached and **labeled** these documents as **Attachment 4**.
- _____ 5. **Brand Family List** - A complete list of **all** tobacco product Brand Families, (including all cigarettes, roll-your-own, cigars, little cigars, pipe tobacco, smokeless tobacco, etc.) currently and previously manufactured by the (Non-Participating) Manufacturer, its principals, subsidiaries, affiliates, successors, members, officers, owners and directors. This list is in addition to the list provided for certification. List whether or not sold in the U.S., the dates during which each Brand Family is, or was, manufactured, and place of manufacture for those brand families. **Initial** to confirm that you have attached and **labeled** these documents as **Attachment 5**.
- _____ 6. **Trademark Information** - A complete list of the trademark owners, including street address and telephone number for each Brand Family identified in the Certification for Listing on Tennessee's Directory. Proof of current ownership (or assignment of the rights to) trademarks for all brand families for which the company is seeking certification for must also be attached. **Initial** to confirm that these documents are attached and **labeled** as **Attachment 6**.
- _____ 7. **Trademark Owner's Certificate and Importer's Certificate** – A copy of the trademark owner's certificate under penalty of perjury that the trademark owner consents to the importation of the cigarettes into the United States, as required by 19 U.S.C.A. § 1681a(c)(3)(A), and a copy of the importer's certificate under penalty of perjury that the trademark owner's certificate is accurate, in effect, and has not been withdrawn, as required by 19 U.S.C.A. § 1681a(c)(3)(B). **Initial** to confirm that these documents are attached and **labeled** as **Attachment 7**
- _____ 8. **Photographs** –
 - a. Provide four clear **color** photographs of the exterior of each side of your manufacturing facilities. The photographs must have been taken within 90 days of the date of this application, and measure at least four inches by six inches. Each of the photographs must provide clear and unobstructed views of each side of the outside of the manufacturing facility. Each photograph must be **labeled** with the name of the factory, the full street address of the factory, the date of the photograph was taken and the full name, address and telephone number of the person who took the photograph.
 - b. Provide five clear **color** photographs of the interior of each manufacturing facility. The photographs must provide at a minimum the following: (i) clear and unobstructed views of the majority of the interior of the manufacturing facility, (ii) clear and unobstructed views of the number of manufacturing lines and machines in operation in the manufacturing facility, (iii) clear and unobstructed views of the manufacturing facility in operation, and (iv) clear and unobstructed views of the number of employees normally working in the manufacturing facility when it is in operation. Each photograph must have been taken within 90 days of this application, measure at least four inches by six inches, and be **labeled** with the name of the factory, the full street address of the factory, the date of the photograph was taken and the full name, address and telephone number of the person who took the photograph. **Initial** to confirm that all photographs are attached and **labeled**

as **Attachment 8**.

- _____ 9. **Notice of Appointment of Registered Agent** – Attach the official Notice of Appointment of Registered Agent Form. This form may be found on the Attorney General’s website. Also submit a current letter (dated this year) from the registered agent accepting this appointment. **Initial** to confirm that both the form and acceptance letter are attached and **labeled** as **Attachment 9**.
- _____ 10. **Stamping Agent and/or Distributor** – For each stamping agent or distributor of your products possessing a Tennessee wholesale license, provide the name, address, telephone, facsimile numbers and all brand families delivered to each stamping agent or distributor. **Initial** to confirm that this information is attached and **labeled** as **Attachment 10**.
- _____ 11. **Exclusive Agreements** – A copy of all contract agreements for any brand family of cigarettes that the Company intends to sell directly or indirectly in Tennessee through an exclusive wholesaler and/or distributor. **Initial** to confirm that such agreements are attached and **labeled** as **Attachment 11** or list “N/A” if there are no such agreements.

- _____ 12. **Company Officers and Owners** – Provide a complete list of all officers and company owners that have an equity interest of 10% or more in the NPM

Include the: names, addresses, telephone numbers and email addresses for each person on the list.

- a. Have any of the individuals on the list created in response to this request ever been involved in any way with the licensing, manufacturing, importing, or distributing of tobacco products manufactured by entities other than your NPM? Yes No
- b. If you answered “Yes” to 12(a), identify each person who has ever been involved with another tobacco company other than your NPM.
- c. For each person identified in 12(b) also specify: (i) the Brand Family/Families with which the person was involved, (ii) the name of the entity/entities with which the person was involved, (iii) the dates of involvement, and (iv) the level of involvement the person had with the other entity/entities.

Initial to confirm that this information is attached and **labeled** as **Attachment 12**.

- _____ 13. **Contract Manufacturing Agreements** - A copy of all contract manufacturing agreements for any Cigarettes that another tobacco product manufacturer fabricates for the Company or that the Company fabricates for another tobacco manufacturer. **Initial** to confirm that such agreements are attached and **labeled** as **Attachment 13** or list “N/A” if there are no such agreements.

- _____ 14. **Judgments and Governmental Action** – A complete list of:
- a. All judgments against the Company in any U.S. state or federal court or other administrative proceeding (excluding worker’s compensation);
- b. All pending lawsuits against the Company in any U.S. State or federal court, including the name of the action, the court where filed, the case number and the current status; and
- c. All past and present actions by any government (located either in the U.S. or elsewhere) that resulted in a suspension or revocation of a license or permit held by the Company, or that sought a suspension or revocation of any license or permit held by your Company.

Initial to confirm these documents are attached and **labeled** as **Attachment 14** or list “N/A” if none exist.

- _____ 15. **Invoices** - Copies of the invoices (or Excel detail) for any cigarettes and roll-your-own tobacco

manufactured by your Company sold to wholesalers licensed by the State of Tennessee, whether located in Tennessee or another state, during the previous calendar year. You may provide documents in electronic format. The following information must be provided: date, invoice number, customer name and account number, brand, quantity and price, subtotals and totals. If your company utilized an importer or exclusive distributor to make such sales to Tennessee licensed wholesalers, provide sales invoices from that importer or exclusive distributor to all Tennessee licensed wholesalers. **Initial** to confirm that these documents are attached and **labeled** as **Attachment 15**.

- _____ 16. **Organizational Documents** required to be provided with Certification application (**Initial** to confirm that these documents are attached and **labeled** as **Attachment 16**):

IF APPLICANT IS A:	ATTACH TO CERTIFICATION FOR THE FOLLOWING:
Partnership or Association	Current copy of articles, if any or the certificate required to be filed by any state, country, or municipality along with verification that the document(s) was filed with the appropriate governmental agency.
Corporation	A copy of the Company’s corporate charter or certificate of corporate existence or incorporation along with verification that the document(s) was filed with the appropriate governmental agency. This copy must be executed by the appropriate state officer for the jurisdiction of incorporation. In addition, please provide documents that list the officers authorized to sign documents or otherwise act on behalf of the corporation.
Limited Liability Company	Current copy of the business document(s) filed with a state, county or municipality if such filing is required along with verification that the document(s) was filed with the appropriate governmental agency. An accurate copy of the company’s operating agreement must also be provided.
Other business organization	Current copy of the business document(s) filed with a state, county or municipality of such filing is required along with verification that the document(s) was filed with the appropriate governmental agency.

- _____ 17. **Escrow Agreement** – Attach a copy of the company’s current escrow agreement including any amendments that have been executed thereto. **Initial** to confirm that a current copy of this agreement is attached and **labeled** as **Attachment 17**.
- _____ 18. **NPM Bond** – Attach a current¹ copy of the official NPM Bond form. An NPM must verify that its bond is still in effect and submit a current NPM Bond form, even if the NPM submitted an official NPM Bond form previously and/or with the NPM’s prior year’s certification. The amount of the bond must be the greater of one hundred thousand dollars (\$100,000) or the greatest required escrow amount due from the NPM or its predecessor for any of the twelve (12) preceding calendar quarters. Please see Tenn. Code Ann. § 67-4-2602(d)(2) for additional bond requirements. Please see the Attorney General’s website for the bond form. **Initial** to confirm that the required documents are attached and **labeled** as **Attachment 18**.
- _____ 19. **Sales** – Attach a complete list of states in which you are currently listed on the directory of approved tobacco product manufacturers or in which you sell your tobacco products. **Initial** to confirm that this information is attached and **labeled** as **Attachment 19**.
- _____ 20. **Fire Safety** – Provide copies of the verification of your company’s compliance with Tennessee’s fire-safe cigarettes requirements from the Tennessee Department of Commerce and Insurance, Division of Fire Prevention for each brand family for which you are seeking certification. **Initial** to confirm that this information is attached and **labeled** as **Attachment 20**.

_____ ¹“Current” refers to being executed for this Certification Year.

- _____ 21. **PACT Act** – Provide a copy of your company’s PACT Act registration submitted to the Tennessee Department of Revenue, if applicable. **Initial** to confirm that this information is attached and **labeled** as **Attachment 21** if applicable, or mark “N/A” is not applicable.

- _____ 22. **Consent to Suit** – Provide an original and a complete Consent to Suit form. **Initial** to confirm that this information is attached and **labeled** as **Attachment 22**.

- _____ 23. **Importer Declaration(s)** – If applicable, provide an original and a completed United States Importer Declaration form from each of your importers accepting joint and several liability for obligations arising under the Escrow Fund Act. **Initial** to confirm that this information is attached and **labeled** as **Attachment 23** if applicable, or mark “N/A” if not applicable.

Please note the State has the right to request additional information. You may receive correspondence requesting additional information. Your application will not be complete until all information has been provided.

Under penalty of perjury, I, the NPM Authorized Designee, state that all of the information contained in this Certification and any and all attached documents are true and correct, and that my initials above and signature below herein confirm the submission of the listed document(s).

This document must be signed in blue ink and signed and dated in blue ink by an authorized notary public.

 NPM Authorized Designee (Print Name) Title

 Signature of Authorized NPM Designee Date

Notary:
 Subscribed and sworn to before me on this _____ day of _____, in the
 County of _____, in the State of _____.

 Signature of Notary Public My Commission Expires

This form must be submitted along with the Annual Directory Certification, mailed to both addresses shown below:

State of Tennessee
 Office of the Attorney General and Reporter
 Revenue Section
 Tobacco Enforcement Division
 Post Office Box 20207
 Nashville, TN 37202-0207

Tennessee Department of Revenue
 Andrew Jackson Building
 Taxpayer Services, 8th Floor
 500 Deaderick Street
 Nashville, TN 37242