



**COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF ATTORNEY GENERAL**

Tobacco Enforcement Section  
15<sup>th</sup> Floor Strawberry Square  
Harrisburg, PA 17120  
Phone: (717) 783-1794

<http://www.attorneygeneral.gov/consumers.aspx?id=2>

**PENNSYLVANIA TOBACCO PRODUCT  
MANUFACTURER CERTIFICATION FORM**

Every tobacco product manufacturer whose brands are sold in Pennsylvania must complete this form. **Participating Manufacturers** (“PMs”) should complete parts 1, 2A, 2C & 5. **Non-Participating Manufacturers** (“NPMs”) should complete the entire form *except* 2A.

*COMPLETE ALL FIELDS OR INDICATE N/A. DO NOT LEAVE ANY FIELDS BLANK.*

Please review instructions (available on our website) for further information.

**PART 1: Tobacco Product Manufacturer Identification**

Company Name			
Address			
City	State	Zip Code	Country
Telephone Number		Fax Number	
Email Address		Web Address	
Name & Title of Person Completing This Certification			
Factory Addresses and Names of Plant Managers			
Phone Number of Factory Manager(s)			
Manufacturer's EIN :	Importer's EIN :	U.S. Customs Manufacturer ID Number:	
<b>**Please complete all fields. Do not leave blanks. Failure to provide all necessary information will result in the rejection of your certification.</b>			

*If multiple locations are used, on a separate sheet list which brands are manufactured at each facility.*

**This form is (check one):**

- Initial Certification (Manufacturer who has not previously sold in Pennsylvania)
- Annual Certification (due April 30 for Pennsylvania sales in the previous year)
- Supplemental Certification (changes to information on previously submitted forms)
- Quarterly Certification (Manufacturers required to file each quarter)

*The Office of Attorney General will not process  
incomplete or illegible certifications*

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**PART 2: Brand Family Identification** (attach additional sheets if necessary)

**Section A. Participating Manufacturer Brands**

List your brand families in the following table:

Brand Families	Brand Families	Brand Families

**Provide a sample of the packaging of each brand family.**

**NOTE:** If the manufacturer has previously supplied such packaging to this Office and if such packaging has not changed, samples need not be supplied this year.

  Check here if previously supplied packaging samples have not changed.

**Section B. Non-Participating Manufacturer Brands**

Complete the following tables with information on your previous year’s sales.

SALES (January 01-December 31)

List your brand families, importer (if applicable), distributors and the number of sticks that were sold into Pennsylvania last year. Use one line for each distributor. If you were not the sole manufacturer of a brand family, on a separate sheet provide the name & address of every other manufacturer and the dates of manufacture by each manufacturer.

Brand Family <sup>1</sup>	Importer	PA Licensed Distributors	Units Sold to each Distributor
<b>Total Units Sold</b>			

<sup>1</sup> Indicate with an asterisk (\*) any brands previously sold that are not being sold in the current year.

**Provide a sample of the packaging of each brand family.**

**NOTE:** If the manufacturer has previously supplied such packaging to this Office and if such packaging has not changed, samples need not be supplied this year.

  Check here if previously supplied packaging samples have not changed.

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**Section C. Additional Brands To Be Certified**

*(Participating and Non-Participating Manufacturers)*

List brand families not previously sold in Pennsylvania that you would like to have added to the Directory. If you are not the sole manufacturer of the brand family, on a separate sheet provide the name & address of every other manufacturer and the dates of manufacture by each manufacturer.

Brand Family	Importer	PA Licensed Distributors

**Provide a sample of the packaging (remove cigarettes) or color photos showing all sides of the packs of each brand family.**

**PART 3: Residency Status *(NPMs Only)***

The undersigned certifies that the above-named Tobacco Product Manufacturer (check one):

\_\_\_\_\_ is resident in the Commonwealth of Pennsylvania.

\_\_\_\_\_ has appointed a registered agent for service of process in the Commonwealth of Pennsylvania.

Resident Agent/Company Name	Date of Appointment		
Address	City	State	Zip Code
Telephone Number	Fax Number		

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

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**PART 4: Escrow Account Information (NPMs Only)**

**If not previously provided, attach a fully executed copy of the current Qualified Escrow Agreement including any amendments or attachments.**

**Section A. Qualified Escrow Fund - Financial Institution**

Name of Institution				
Address		City	State	Zip Code
Authorized Representative Name/Title				
Telephone Number		Fax Number		
Email Address				
Escrow Account Number		Pennsylvania Sub-Account Number (if applicable)		

**Section B. Escrow Fund Deposit/Withdrawal History for Pennsylvania**

Provide the escrow deposit/withdrawal history. Attach proof of the current balance of the escrow account as provided by the escrow agent and proof of the date of the most recent deposit.

Date	Deposit	Withdrawal*	Balance
	<b>Total:</b>	<b>Total:</b>	<b>Total:</b>

*\*Any withdrawals must comply with 35 P.S. §5674.*

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**PART 5: Execution by Corporate Officer or Director**

Under penalty of perjury, I certify and declare that all of the statements and information contained in this certification, including but not limited to any accompanying statements or attachments herewith, are true, correct, accurate and complete and that I am a person authorized to bind the Tobacco Product Manufacturer making this certification either under the laws of the Commonwealth of Pennsylvania or of the jurisdiction where the manufacturer resides or is organized.

I understand that any violation of the requirements of the Tobacco Product Manufacturer Directory Act or the Tobacco Settlement Agreement Act of 2000 is a basis for removal of the manufacturer's brand families from the Commonwealth's Directory of Approved Brands.

I hereby certify under penalty of perjury that the Tobacco Product Manufacturer identified in Part 1 is (check one)

- A Participating Manufacturer under the Master Settlement Agreement who is compliant with the financial obligations as set forth in the MSA.
- A Non-Participating Manufacturer in full compliance with the Tobacco Settlement Agreement Act that is resident in the Commonwealth (or has appointed a registered agent for service of process), that has established and continuously maintains a qualified escrow fund, and that has executed a qualified escrow agreement approved by the Attorney General.

Signature of Officer or Director: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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**Required Attachments:**

- A copy of the current Federal Trade Commission (FTC) approval letter(s) for health-warning rotation plan for all brand families.
- A copy of the current Centers for Disease Control (CDC) ingredient-listing compliance letter(s) for all brand families
- A copy of your TTB Manufacturer's / Importer's Permit (if located in the U.S.)
- A copy of your trademark certification for all brand families or an authorization for use, if you are not the trademark owner.
- If you are not the trademark owner, copies of exclusive manufacturing agreement entered into with the trademark owner are mandatory.

**Mail this completed certification form and attachments to:**

Commonwealth of Pennsylvania  
Office of Attorney General  
Tobacco Enforcement Section  
15<sup>th</sup> Floor Strawberry Square  
Harrisburg, PA 17120

**Facsimiles will not be accepted**

Upon request, you may be required to submit additional documentation to verify your information such as articles of incorporation, corporate charters, corporate bylaws, operating agreements, contracts, leases, importers certificates, licenses, BATF Form 7501s, bills of lading, customer invoices, etc.

Acceptance of this certification by the Commonwealth does not waive any rights to enforce the provisions of the Tobacco Settlement Agreement Act (TSAA), 35 P.S. § 5671 et seq.

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