



Packaging Change Certification Form

Tobacco Enforcement Section

15th Floor Strawberry Square

Harrisburg, PA 17120

Phone: (717) 783-1794

www.attorneygeneral.gov

Complete all fields or indicate N/A – Do not leave blanks.

Please review all instructions for further information.

Failure to provide all necessary information will result in the rejection of your certification.

PART I: Tobacco Product Manufacturer Identification

Company Name			
Address			
City	State	Zip Code	Country
Telephone Number		Fax Number	
Factory Address (use additional sheets if necessary)			
Name of Designated Contact		Name of Legal Counsel for cc (optional)	
Email Address Designated to Accept All Official Communication		Legal Counsel Email Address	
Company Website Address			

Verify that all currently held information is correct and has not changed or expired.

Yes _____ No _____ If "No," please attach updated documentation.

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

Provide an electronic color copy of every brand style or promotional packaging that has changed. Include views of each side of the packaging with UPC clearly visible.

Section A. Brands Currently Certified and on the Directory with packaging changes

List brands and styles with packaging changes

Brand	Style	Flavor	Filter/Non	Package

PART III: Execution by Corporate Officer or Director

I understand that any violation of the requirements of the Tobacco Product Manufacturer Directory Act of 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 I is a Non-Participating Manufacturer in full compliance with the Tobacco Settlement Agreement Act, that is a resident of 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 **or** is a Participating Manufacturer under the Master Settlement Agreement who is compliant with their financial obligations as set forth in the MSA.

I hereby certify, under penalty of perjury, that the brand families submitted for inclusion on the Pennsylvania Tobacco Product Directory of Approved Brands have been approved/certified by the FDA and/or are currently under review by the FDA. If brand family/style is being recalled by the FDA, we will notify the Office of Attorney General.

Under penalty of perjury, I certify and declare that all of the statements and information contained in the certification, including but not limited to any accompanying statements or attachments herewith, are true, correct 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.

Signature of Officer or Director: _____ Date: _____

Print Name: _____ Title: _____

Required Checklist:

- ☐ Included electronic color copy of all packaging to be used in Pennsylvania during the certification year. Include views of each side of the packaging with UPC clearly visible.
- ☐ Include a Fire Safe Cigarette Manufacturer Certificate for each brand with a packaging change.
- ☐ Attached any documentation that expired since your last certification (FTC, CDC, TTB, FSC, Trademark certificates, etc.)
- ☐ Completed this certification in its entirety or indicated N/A **with signature of Officer or Director.**

- Reviewed and complied with the attached instructions.

INSTRUCTIONS

This Certification must be completed in English. All attachments must include a certified English translation if the original document is in a different language.

Fill out the certification form completely. Do not leave any fields blank.

Attachments must clearly indicate the section to which it corresponds. In place of paper copies, we recommend that you send all attachments via electronic media (CD/DVD/USB Drive).

Part I: Tobacco Product Manufacturer's Identification

Provide the company name and complete addresses. Provide the telephone number and fax number for the company official signing this certification. Provide an email address and designated contact to receive all official office communication from our Office. Identify the name and title of the person completing the certification form. If using an outside agency to complete this certification, please identify the name of that agency.

Part II: Brand Family Identification

Provide an electronic color copy of every brand style or promotional packaging being changed. Include views of each side of the packaging with the UPC code clearly visible. Each time you change your packaging; add new brand styles; or, create a special, limited edition package you must submit an electronic color copy. When in doubt about packaging submission, please contact our Office for clarification.

Section A - Identify by brand and style all of the cigarettes that are included in the Pennsylvania directory with packaging being changed.

Part III: Execution by Corporate Officer or Director

The Tobacco Product Manufacturer must certify that it is a Manufacturer in full compliance with the Tobacco Settlement Agreement Act.

The person executing the Tobacco Manufacturer Certification Form must be an authorized Officer or Director of the Tobacco Product Manufacturer. A power of attorney will not be accepted. The designee's name and title must be printed and signed.

Definitions:

- a) "Brand Family" - All styles of cigarettes sold under the same trademark and differentiated from one another by means of additional modifiers or descriptors, including, but not limited to, "menthol," "kings," and "100s." The term includes any use of a brand name, alone or in conjunction with any other word, trademark, logo, symbol, motto, selling message, recognizable pattern of colors or any other indicia of any product identification identical or similar to or identifiable with a previously known brand of cigarettes.

b) "Cigarette" - Any product that contains nicotine, is intended to be burned or heated under ordinary conditions of use and consists of or contains any of the following:

- (1) Any roll of tobacco wrapped in paper, or in any substance not containing tobacco.
- (2) Tobacco, in any form, that is functional in the product, which, because of its appearance, the type of tobacco used in the filler or its packaging and labeling, is likely to be offered to or purchased by consumers as a cigarette.
- (3) Any roll of tobacco wrapped in any substance containing tobacco which, because of its appearance, the type of tobacco used in the filler or its packaging and labeling, is likely to be offered to or purchased by consumers as a cigarette described in paragraph (1).

Frequently Asked Questions

Who is required to file this Certification?

Every Manufacturer that intends to sell cigarettes in the Commonwealth, whether directly or through any distributor, retailer, or similar intermediary that has made changes to its certified cigarette brand style packaging.

How is this Certification used?

The Office of Attorney General uses the information provided in the certification to identify cigarette brand families included in the directory published pursuant to section 301 of the Tobacco Product Manufacturer Directory Act (TPMDA), 35 P.S. § 5702.301.

Who should sign the Certification?

The certification must be reviewed and signed by a Director or Officer of the Tobacco Product Manufacturer (TPM) with the authority to bind the company. A Power of Attorney will not be accepted.

When must packaging be submitted?

A manufacturer is required to provide an electronic color copy of each brand style showing all sides of the packs when submitting a certification. Include views of each side of the packaging with UPC clearly visible.

New Fire Safe Cigarette Manufacturer Certificate must be submitted with all package changes.