



OFFICE OF THE KANSAS ATTORNEY GENERAL

PARTICIPATING MANUFACTURER CERTIFICATION FORM *REVISED JANUARY 19, 2010*

TYPE OF CERTIFICATION

This certification is: Initial Supplemental Renewal

MANUFACTURER INFORMATION

Manufacturer: _____

Mailing Address: _____

Street Address: _____

Note: The street address should be the physical location of the manufacturing plant.

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Website: _____

Federal Taxpayer
ID Number: _____

Note: Only applies if manufacturer is registered in the United States.

IMPORTER INFORMATION

Note: Complete this section only if you are a manufacturer located outside of the United States.

Importer Name: _____

Contact Name:
and Title: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Federal Taxpayer
ID Number: _____

DESIGNATED CONTACT

Identify the person that you wish to receive all correspondence and official notifications. *Note: Failure to designate an official contact person will result in an incomplete certification.*

Contact Name: _____

Organization: _____

Relationship to
Manufacturer: _____

For example: Attorney, Importer, Tax Compliance Manager, etc.

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

BRAND FAMILIES TO BE CERTIFIED

Complete this page for each brand family you wish to certify for sale in Kansas. Only list **one** brand family per sheet. Attach additional sheet(s) as needed.

PLEASE IDENTIFY:
PAGE ____ OF ____

BRAND FAMILY INFORMATION

Brand Family: _____ Cigarette RYO

CURRENT MANUFACTURER *(Check appropriate box below.)*

- The certifying manufacturer actually manufactures the brand family identified above.
- A different manufacturer, other than the certifying manufacturer, actually manufactures the brand family identified above. *Attach a copy of all contract manufacturing agreements between the certifying manufacturer and the actual manufacturer for the brand family identified above.*

OTHER MANUFACTURERS *(Check appropriate box below.)*

- Provide the name and address of any manufacturer(s), other than the certifying manufacturer, who actually manufactured the brand family identified above at any time between January 1, 2009, and the current date.

Name: _____

Address: _____

- Not applicable.

TRADEMARK INFORMATION *(Check appropriate box below.)*

- Manufacturer owns a United States Registered Trademark for the brand family identified above.

Trademark serial or registration number: _____

- Manufacturer does not own a United States Registered Trademark for the brand family identified above. *Attach any written contracts or agreements indicating the authority to manufacture the brands, or written authorization from the trademark holder.*

Trademark serial or registration number: _____

- A United States Registered Trademark does not exist for the brand family identified above.

BRAND FAMILIES TO BE REMOVED

List all cigarette and roll-your-own (“RYO”) tobacco brand families currently on the Kansas Directory of Compliant Participating Manufacturers that you request to be removed.

ACKNOWLEDGEMENT OF ADDITIONAL REQUIREMENTS

- Manufacturer acknowledges that it is responsible for complying with all federal and state regulations, including the Federal Family Smoking Prevention and Tobacco Control Act.
- Manufacturer acknowledges that any cigarettes in this certification that are not also certified under the Fire Safety Standards and Firefighter Protection act (K.S.A. 31-601 *et seq.*) are not legal for sale in Kansas.

SUPPLEMENTAL DOCUMENTATION

The following attachments must be submitted with this certification form. If any requested attachments are not applicable, please mark "N/A." *Failure to attach the documents in their entirety will result in an incomplete certification.*

ATTACHED

N/A

CDC Approval Letter. Provide a copy of the *current* United States Center for Disease Control ("CDC") ingredient listing compliance letter(s) for each cigarette brand family. If a letter for this year's certification is not yet available, provide a copy of the written request addressed to the CDC. *Note: Failure to meet this requirement will result in an incomplete certification.*

Contract Manufacturing Agreements. Provide a copy of all contract manufacturing agreements for any brand family of cigarettes or RYO tobacco that is manufactured by an entity other than the certifying manufacturer.

FTC Approval Letter. Provide a copy of the *current* United States Federal Trade Commission ("FTC") approval letter(s) for health-warning rotation plan(s) for each of the cigarette brand families. If a letter for this year's certification is not yet available, provide a copy of the written request addressed to the FTC. *Note: Failure to meet this requirement will result in an incomplete certification.*

Packaging Samples. Provide a packaging sample for each cigarette or RYO tobacco brand family. Digital copies of packaging samples are preferred. If the packaging samples provided with last year's certification have not changed, you may disregard this requirement and check the box designated "N/A."

TTB Permit. Provide a copy of the manufacturer's or first importer's United States Alcohol and Tobacco Tax and Trade Bureau ("TTB") permit.

I certify that the above required documentation to be submitted with this certification is attached. I understand that failure to provide the required documentation will result in an incomplete certification.

Signature of Authorized Officer or Agent

VERIFICATION OF CERTIFICATION

I certify that, to the best of my knowledge, all of the information contained in this certification and any attachments are true and accurate, and that I am authorized, under the laws of the state of Kansas or the jurisdiction where the manufacturer resides or is organized, to bind the manufacturer making this certification.

I certify that by including a brand family in this certification, manufacturer affirms that the brand family is deemed to be its cigarettes for purposes of calculating its payments under the Master Settlement Agreement, including any brand families for which manufacturer does not own a United States Registered Trademark.

I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Executed this _____ day of _____, 20_____.

SUBMISSION OF PM CERTIFICATION FORM

Mail this completed form and all attachments to:

Office of the Kansas Attorney General
Attn: Tobacco Enforcement Unit
120 S.W. 10th Ave., 2nd Floor
Topeka, KS 66612-1597

Signature of Authorized Officer or Agent

Name *(Please Print)*

Title *(Please Print)*