



**STATE OF MARYLAND**  
**OFFICE OF THE ATTORNEY GENERAL**  
**TOBACCO PRODUCT MANUFACTURER CERTIFICATION FORM**  
(Pursuant to Md. Code, Bus. Reg. §§ 16-501 to 16-508)

**Part I: Tobacco Product Manufacturer Identification**

**Section A. Type of Certification**

- Initial Certification       Annual Certification       Supplemental Certification

**Section B. Status of Manufacturer**

- Participating Manufacturer       Nonparticipating Manufacturer

**Section C. Company Information**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Country, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Country, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Name/Title of Person Completing Certification: \_\_\_\_\_

**Section D. Manufacturing Facility**

Factory Address: \_\_\_\_\_

City, State, Country, ZIP: \_\_\_\_\_

Name of Factory Manager(s): \_\_\_\_\_

Telephone Number of Factory Manager: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Part II: Brand Family Identification**

**A. All Tobacco Product Manufacturers (PMs and NPMs)**

For each Brand Family intended to be listed on the Maryland Tobacco Directory complete a copy of Form MDOAG- MSA1B. Separately identify any NEW brand families or styles that the manufacturer is seeking to ADD to the Directory, or any Current brand families or styles that the manufacturer would like to REMOVE from the Directory.

**B. Nonparticipating Manufacturers ONLY**

Indicate the number of Units Sold during the prior calendar year for each brand family identified in a Form MDOAG- MSA1B. The NPM must include the number of Units Sold for any and all brands sold during the prior year, even if that brand family is not being included for listing on the Directory during this certification period. Indicate with an asterisk (\*) those Brand Families that are not intended to be sold in Maryland. If a particular brand family was acquired from or manufactured by a different TPM within the past 5 years, provide the name and address of the prior manufacturer(s).

<b>Brand Family</b>	<b>Units Sold in Md. in the Prior Year</b>	<b>Prior Manufacturer (name &amp; address)</b>

**Part III: Supplemental Documents- All TPMs (include as separate attachments)**

- A. Provide a current copy of the TPM's Maryland Cigarette or OTP Manufacturer Permit(s).
- B. Provide a current copy of the TPM's TTB Importer or Manufacturer Permit(s).
- C. Attach a photograph or diagram of your manufacturing facility and indicate on the photograph or diagram where the equipment and facilities for manufacturing (i.e. fabricating) the cigarettes are located.
- D. Provide copies of all approval letters issued by the Office of the Comptroller within the past 3 years identifying each brand style that has been certified Fire Safety Standards Compliant within the past three years pursuant to Md. Code Ann., Bus. Reg. §§ 16-601 *et. seq.*
- E. Provide copies of current Federal Trade Commission approval letters for the health warning rotation plan identifying each brand style that has been approved.
- F. Provide a current copy of the ingredient-listing compliance letter from the Centers for Disease Control and Prevention. If the letter does not identify the brand families that were approved, provide materials submitted to the CDC identifying the brands submitted for review.
- G. Has the TPM, previously provided a copy of the PACT Act registration with the State?     Yes    No
  - 1. If yes, indicate the date and the corporate name under which the registration was submitted.  
Name: \_\_\_\_\_ Date: \_\_\_\_\_
  - 2. If No, provide a copy of the registration form.
- H. Is the entity owned or operated by a federally recognized Native American/Indian tribe?     Yes    No  
If yes, provide a waiver authorized by the official government of the tribe confirming that the tribe waives any claims to sovereign immunity from a suit alleging that the TPM has failed to make a required MSA or escrow payment.

**Part IV: Social Media Marketing**

- A. Provide the URL for any and all websites the TPM uses to market or sell its brand families. \_\_\_\_\_
  
- B. If the TPM uses an official account on any of the following social media accounts/apps, provide the account name:
  - Facebook: \_\_\_\_\_
  - Instagram: \_\_\_\_\_
  - Twitter: \_\_\_\_\_
  - Snap: \_\_\_\_\_
  - Other: \_\_\_\_\_
  
- C. If the TPM uses other internet or mobile sites/apps/means of marketing its products direct to consumers, please identify: \_\_\_\_\_

**Part V: Good Standing**

*For each of the following items, if the TPM's response is "Yes," attach a separate page indicating the applicable State and providing the circumstances surrounding the failure/denial at issue.*

- A. Has the Tobacco Product Manufacturer ever been denied certification in any state or removed from a state's tobacco directory for noncompliance with the MSA or a state's escrow requirements?  Yes  No
  
- B. If the TPM is a Participating Manufacturer, has the PM ever failed to meet its financial obligations under the MSA?  Yes  No  N/A
  
- C. If the TPM is an NPM, has the NPM ever failed to make a timely escrow deposit in any Settling State?  Yes  No  N/A
  
- D. If the TPM is an NPM, has the NPM ever been sued by a Settling State for failure to make a required escrow deposit?  Yes  No  N/A
  
- E. Has the TPM ever been denied listing or removed from another State's Tobacco Directory for a reason other than failure to pay escrow?  Yes  No

- F. Is the TPM enjoined from selling cigarettes in any state as a result of a court order, state or federal agency ruling or determination?  Yes  No
- G. Has the TPM ever failed to timely file or complete a form or document required by the Maryland Escrow Act or Complementary Legislation? (MD Code, Bus Reg. Art. §§ 16-401 & 16-501 et seq.)  Yes  No
- H. Pursuant to MD Code, Bus. Reg. §16-223 and §16.5-217, the direct shipment of cigarettes or other tobacco products to a consumer, ordered via mail, telephone, computer or other electronic network, is prohibited by any entity or person other than a licensed tobacco retailer or tobacconist.
  - 1. Does the certifying TPM engage in the direct shipment of cigarettes or OTP to consumers in other states, either itself or through an affiliated distributor?  Yes  No
  - 2. The TPM affirms that it will not directly ship cigarettes or OTP to a Maryland consumer in violation of Bus. Reg. §16-223 and §16.5-217.

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Part VI: Corporate Officers**

- A. Provide the names of the TPMs Senior Corporate Officers
  - 1. President/CEO: \_\_\_\_\_
  - 2. Chief Financial Officer \_\_\_\_\_
  - 3. General Counsel \_\_\_\_\_
  - 4. Chair of the Board of Directors \_\_\_\_\_
- B. If the TPM is a publicly traded corporation, on a separate attachment provide the names and ownership percentages of all individuals or entities that own more than 5% of outstanding common stock.
- C. If the TPM is private or closely held corporation, on a separate attachment provide the names, phone numbers, and ownership percentages of all individuals or entities that own more than 5% of the company.

**Part VII: Additional Requirements for Nonparticipating Manufacturers**

**A. Consent to Suit**

All nonresident Nonparticipating Manufacturers must consent to be sued in Maryland in the event they fail to comply with all Maryland State laws related to the manufacture, shipment, and sale of cigarettes or roll-your-own tobacco into the State. Nonresident, Nonparticipating Manufacturers must also register as a foreign corporation and record the resident agent information with the Maryland State Department of Assessments and Taxation or maintain a resident agent to accept service of process in Maryland.

All Nonparticipating Manufacturers are required to: 1) provide notice to the Office of the Attorney General at least thirty (30) calendar days prior to termination of the authority of a resident agent; and 2) provide proof, to the satisfaction of the Office of the Attorney General, of the appointment of a new agent at least five (5) calendar days prior to the termination of the existing agent appointment. If an agent terminates the appointment, the Nonparticipating Manufacturers shall notify the Office of Attorney General within five (5) calendar days of the termination with proof of the appointment of a new agent.

Sign and notarize below if you have read and understand the preceding statements and your company consents to be sued in Maryland if it fails to comply with Maryland State laws related to the manufacture, shipment, and sale of cigarettes or roll-your-own tobacco into the State including, but not limited to violations the Tobacco Product Manufacturers Escrow Act and Complementary Legislation (the Directory Statute).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed to and sworn to before me on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

City or County of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**B. Resident Agent**

Name and Address of Resident Agent in the State of Maryland:

Company: \_\_\_\_\_

Individual Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

***NOTE: The Nonparticipating Manufacturer must attach to this form a current letter from the resident agent accepting its appointment as agent.***

Is the Nonparticipating Manufacturer registered to do business in Maryland as a foreign corporation or business entity?

Yes  No      If yes, date registered: \_\_\_\_\_

Is the registration current as of the date of this certification?

Yes  No

**C. Importer**

1. Is the NPM located outside the United States?  Yes  No

2. If Yes, provide the following information for all importers of the NPM's products into the United States.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province, State, Region: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail \_\_\_\_\_ Website: \_\_\_\_\_

Contact: \_\_\_\_\_

Brands to be Imported: \_\_\_\_\_

**D. Qualified Escrow Fund**

1. Financial Institution

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Escrow Acct. #: \_\_\_\_\_ State Sub-account #: \_\_\_\_\_

2. Escrow Agreement

Provide to the Attorney General a copy of the current Qualified Escrow Agreement, including all amendments. The agreement must be dated after January 1, 2017 and contain and conform to the revised model language currently available on the website of the Office of the Attorney General.

Date of Escrow Agreement: \_\_\_\_\_

***No changes to a Qualified Escrow Agreement may be made without prior authorization of the Attorney General.***

3. Escrow Deposit History for Maryland

On a separate sheet(s) of paper, attach a ledger for the NPM's Maryland escrow sub-account identifying all escrow deposits and withdrawals, including the dates, amounts, and a running balance.

Has the NPM ever made a withdrawal from the Maryland escrow subaccount?

Yes  No If yes, attach an explanation on a separate sheet of paper.

4. Investments

- a. Provide copies of all written instructions provided by the NPM to the Escrow Agent. If investment instructions are oral, provide a detailed summary of the instructions. If no instructions have been given to the Escrow Agent, please confirm that the Escrow Agent is using the default instructions in Section 5 of the Escrow Agreement.
- b. Provide an accounting of the full balance in the QEF. This accounting must identify the amounts and types of all assets in the account, as well as the date of purchase, the par value, and cost basis of those assets.

5. Ownership of Escrow Accounts

- a. Is the Certifying TPM the current owner and beneficiary of the QEF?  Yes  No
- b. If No, on a separate page provide the name and contact information of the current owner or beneficiary of the QEF.



- c. Has the NPM sold any rights to receive the income or principal from the QEF in the future?  Yes  No
- d. If Yes, provide the Name and contact information of any and all future owners or beneficiaries of the QEF.
- e. Does any entity have a lien, security interest, or other encumbrance on the interest or principal in the QEF?  
 Yes  No
- f. If yes, provide the name and contact information of any and all such creditors or beneficiaries.

**E. Identification of Licensed Wholesaler Stamping Agents**

All cigarettes sold in Maryland must be stamped by a licensed tobacco wholesaler. On a separate page, list the name, address, and phone number of each licensed wholesaler stamping agent that has sold or through which the Nonparticipating Manufacturer intends to sell its your cigarette or RYO brands in Maryland.

***NOTE: The Nonparticipating Manufacturer must update this Part VII.E if it uses distributors not identified above to sell its products in Maryland.***

It is the responsibility of a Nonparticipating Manufacturer to identify all sales of its products into the State and to ensure that it has deposited sufficient funds to satisfy its escrow deposit obligations. Please contact our office if a wholesaler refuses to provide the Nonparticipating Manufacturer the information necessary to meet its legal obligations.

**Part VIII. Execution by Authorized Designee**

\_\_\_\_ I state that the tobacco product manufacturer named in Part I, as of the date of this certification, is a Participating Manufacturer in full compliance with all applicable sections of the Tobacco Product Manufacturers Escrow Act, as codified in Md. Code Ann., Bus. Reg. §§ 16-401 to 16-403 and has met its financial obligations under the Tobacco Master Settlement Agreement.

\_\_\_\_ I state that the tobacco product manufacturer named in Part I, as of the date of this certification, is a Nonparticipating Manufacturer in full compliance with all applicable sections of the Tobacco Product Manufacturers Escrow Act, as codified in Md. Code Ann., Bus. Reg. §§ 16-401 to 16-403.

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

I understand that the Attorney General may require additional information and/or documentation to determine whether the Tobacco Product Manufacturer is in compliance with all applicable State and federal laws.

I am an officer or owner of the certifying Tobacco Product Manufacturer authorized to bind the manufacturer either under the laws of the State of Maryland or the jurisdiction where the manufacturer resides or is organized.

Authorized Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed to and sworn to before me on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

City or County of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Mail the completed certification to:**

Tobacco Enforcement Unit, Office of the Attorney General of Maryland  
Attn: Aravind Muthukrishnan, Assistant Attorney General  
200 St. Paul Place, 20th Floor  
Baltimore, Maryland 21202