

CERTIFICATION OF ENROLLMENT – STATE OF WASHINGTON

[RCW 70.158]

PART 1: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

Company: _____

Address: _____

Physical/Street address if different: _____

Phone: _____ FAX _____

Email: _____ WEBSITE _____

Name and Title of Person Completing Report: _____

Person to Contact and Phone/Email (if different): _____

The Tobacco Product Manufacturer identified above is, as of the date of this Certification:

(Initial One)

_____ **A Participating Manufacturer under the Tobacco Master Settlement Agreement**

_____ **A Tobacco Product Manufacturer in full compliance with RCW 70.157**

PART 2: SALES YEAR

Year of Sales for this Certificate of Enrollment is: _____

(Complete a separate Certificate of Compliance for each year of sales)

PART 3: BRAND FAMILY IDENTIFICATION *(Attach additional Sheets if Necessary. Submit list of more than 10 brand styles electronically attached to an email to twyla.williams@atg.wa.gov)*

Participating Manufacturers complete A, B, F, and G; Non Participating Manufacturers complete A through G.

A. Brand Family ¹	B. Brand Name	C. Units Sold Preceding Yr	D. Units Sold Current Yr	E. Manufacturer

F. Have you attached a copy of your federal PACT Registration as filed with U.S. Department of Justice? _____

G. Have you attached a copy of the current fire safe certification from the Washington State Fire Marshal for all brand styles listed above? _____

¹ Indicate with an asterisk (*) those brands that will not be sold in 2015.

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PART 4: NON-PARTICIPATING MANUFACTURER CERTIFICATION

A. Have you attached a copy of the current U.S. Treasury, Tobacco Tax Bureau (TTB) permit(s) as a manufacturer? _____

If the NPM Applicant has previously provided its TTB permit and that permit continues to be current, in effect, and operative, check here _____. If checked, no additional copy of the permit is required.

B. Registered Agent for service of process²

Agent Name: _____

Company: _____

Address: _____

Phone: _____ FAX _____ Email: _____

(1) Have you attached proof of appointment (Certificate of Authority) of a Registered Agent? See RCW 23B.15: _____

(2) is the NPM Applicant registered to do business in the State of Washington? _____

C. List all other states in which you are certified _____

D. Identify the Washington-licensed Distributors or Wholesalers to which cigarettes were or will be sold and provide contact person, address, phone, and email for each entity:

(1) _____

(2) _____

(3) _____

E. (1) Has the NPM Applicant been enjoined or banned from selling tobacco products by any court order or government agency ruling or determination? _____

(2) Has the NPM Applicant had a judgment entered against it for failure to pay any escrow funds alleged to be due? _____

If you answered yes to either (1) or (2), list the courts or government agencies issuing any such orders or judgments and give the identifying case caption and assigned case number:

F. What is the source of the tobacco used in fabricating the cigarettes identified above? List the provider, address, phone, and email:

G. Have you attached federal approval documentation? _____

(1) Current HHS/CDC approved ingredient listing dated _____

(2) FDA or FTC Health warning label rotation plan dated _____

H. Have you attached ownership documentation of any trademarks registered with the U.S. Patent & Trademark Office for all brand families listed above? _____

If the applicant has previously provided Trademark ownership documentation and that ownership has not been assigned, transferred or amended, check here _____. If checked, no additional copy of the Trademark documentation is required.

² Submit Certificate of Authority for proof of Registered Agent.

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I. Qualified Escrow Fund – Financial Institution

Name of Institution: _____
Address: _____
Representative Name: _____ Phone: _____ Email address: _____
Escrow Acct No: _____ State Account No: _____

Have you attached the current Escrow Agreement and any amendments or attachments to it? _____
If the NPM Applicant has previously provided the effective Escrow Agreement, check here _____.
If checked, no additional copy of the Escrow Agreement is required.

J. Escrow Deposit/Withdrawal History for Washington

Date	Deposit	Withdrawal ³	Balance

Part 5: Execution by Authorized Designee

Under penalty of perjury, I state that the information contained in this Certification is true and accurate.

Designee (Print Name): _____ Title: _____
Signature of Designee: _____ Date: _____

Subscribed and sworn to before me on this date: _____

Signature of Notary Public: _____ City or County of _____

My Commission expires: _____

Mail the completed certificate of compliance to the following mailing address or if by courier, to our delivery address:

NPM Coordinator
Office of the Attorney General
Revenue Division
PO Box 40123
Olympia, WA 98504-0123

OR

NPM Coordinator
Office of the Attorney General
Revenue Division
7141 Cleanwater Drive SW
Tumwater, WA 98501

³ Withdrawals must comply with RCW 70.157. Verification of compliance must be provided.

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