



**STATE OF SOUTH CAROLINA
TOBACCO PRODUCT MANUFACTURER
CERTIFICATE OF COMPLIANCE**

[Pursuant to S.C. Code Ann. §§11-47-10 to -30, and §§11-48-10 to -110]

2014 PARTICIPATING MANUFACTURER CERTIFICATION FORM

<u>NOTICES</u>	
<p>FILING DEADLINE is April 30, 2014. Certification Forms must be postmarked no later than April 30, 2014 to avoid removal from the South Carolina Tobacco Directory.</p> <p>Please Type or Print. The Attorney General's Office will not process incomplete or illegible Certification Forms.</p> <p>This Certification Form must be supplemented to reflect any change in information at any time during the year. Any change of information <i>must</i> be submitted <i>30 days</i> prior to change. The failure to notify the Attorney General's Office of any changes to this information 30 days prior to any change, including changes in address, may result in removal from the South Carolina Tobacco Directory.</p> <p>The denial of a certification, removal of the Applicant or its brands from any other state's tobacco directory, or failure to notify the South Carolina Attorney General's Office of same, may, in the Attorney General's sole discretion, result in denial of this certification or immediate removal from the South Carolina Tobacco Directory at any time.</p> <p>Please refer any questions to the Office of the Attorney General Tobacco Unit at (803) 734-6133.</p>	<p>Mail this completed Certificate of Compliance and attachments to:</p> <p>South Carolina Office of the Attorney General Tobacco Unit P.O. Box 11549 Columbia, SC 29211</p>

PART 1: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION			
Type of Certification (check one):			
<input type="checkbox"/> Initial Certification – Applicant not currently listed on the South Carolina Tobacco Directory <input type="checkbox"/> Annual Certification – Due April 30, 2014 <input type="checkbox"/> Supplemental Certification – Change of information provided to the Attorney General or request to add additional brands to the South Carolina Tobacco Directory			
Company Information:			
Applicant Company Name:			
Mailing Address:			
City:	State:	Zip:	Country
Phone:	Fax:	Email:	
Name of Person Completing Certification:			
Name of Contact Person if Different from Above:			

Manufacturing Facility Information:			
Name of Manufacturing Facility (if different from above):			
Physical Address:			
City:	State:	Zip:	Country:
Phone:	Fax:	Email:	
Name of Manufacturing Facility Manager(s):			

Licenses and Permits:	
If located in U.S. – Manufacturer’s Federal Taxpayer ID Number:	
TTB Permit Number:	Expires:
Please indicate if TTB Permit was obtained as a manufacturer or importer:	
Name of Any other Foreign Manufacturer Permit or License:	Expires:
Copy of Above Applicable Permit Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	

Attorney Information:			
Attorney Name, if applicable:			
Firm Name:			
Firm Mailing Address:			
City:	State:	Zip:	Country:
Phone:	Fax:	Email:	

Organizational Documents and other Information:		
Check One:		Attach the following documents or information:
Response Provided	Does Not Apply	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Company Officers/Owners: Provide a list of all company officers and company owners. Include name, address, phone number, and email address.
<input type="checkbox"/>	<input type="checkbox"/>	Affiliates: Provide a list of all company affiliates pursuant to S.C. Code Ann. §11-47-20(b) that also manufactures, imports, distributes, or sells cigarettes or RYO. Include the name, address, and contact information for each affiliate.
<input type="checkbox"/>	<input type="checkbox"/>	Master Settlement Agreement: Please indicate the date the Applicant became a Participating Manufacturer as defined in Section II (jj) of the Master Settlement Agreement _____ (Date)

PART 2: BRAND FAMILIES

Tobacco Brand Documentation:

Response Provided	The Applicant has the following brand families, each of which the tobacco product manufacturer affirms are to be deemed its cigarettes for purposes of S.C. Code Ann. § 11-47-10, <i>et seq.</i> Please attach documents, which reflect the following information:
<input type="checkbox"/>	Brand Names: List all brands manufactured by Applicant. Please indicate by an asterisk (*) any brand no longer being sold in South Carolina as of the date of this certification.
<input type="checkbox"/>	Cigarette or RYO: Indicate whether the brand family is a rolled cigarette or roll-your-own (RYO) tobacco.
<input type="checkbox"/>	Sample Packaging: Please provide sample of relevant tobacco product packaging. Packing may be submitted in an electronic format

Additional Documentation:

Response Provided	Check One: Does Not Apply	Attach the following documents or information:
<input type="checkbox"/>	<input type="checkbox"/>	Federal Trade Commission (“FTC”): Attach the FTC’s written approval of the Applicant’s <u>current</u> Cigarette Health Warning Rotation Plan. <i>Cigarettes Only.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Centers for Disease Control: Attach a <u>current</u> copy of the Certificates of Compliance received from the U.S. Secretary of Health and Human Services for Applicant’s annual ingredient report. <i>Cigarettes Only.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Fire Standard Compliance (FSC): For each brand family, please attach a letter from the South Carolina Fire Marshal’s Office indicating that the brands for which the Applicant seeks certification are FSC Compliant. <i>Cigarettes Only.</i>

PART 3: PACT ACT COMPLIANCE

<input type="checkbox"/>	Attach a copy of the Applicant’s PACT Act Registration filed with the ATF and the South Carolina Department of Revenue.
The Applicant certifies that:	
<input type="checkbox"/>	The Applicant is in compliance with all reporting obligations to the State of South Carolina; <i>OR</i>
<input type="checkbox"/>	The Applicant does not ship tobacco products directly into the State of South Carolina. Attach a list of South Carolina licensed distributors to whom Applicant sells tobacco products.

PART 4: DISCLOSURES

YES	NO	N/A	Check Yes or No or Not Applicable (“NA”) as appropriate to ALL questions. Provide additional information where requested.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicant sold cigarettes, including RYO, in South Carolina in the preceding calendar year.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicant advertises or sells cigarettes <i>via</i> the internet or in catalogs and uses the mail or other delivery service to deliver cigarettes to South Carolina consumers.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has any state or federal court obtained a court judgment or administrative order against the Applicant relating to the brand families listed in this certification? If yes, please attach a list of the location, case number, and date of the judgment or order.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As of the date of this certification, has Applicant satisfied all court judgments and orders to pay penalties in any state or federal court?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicant or one of its brand families listed in the certification was previously denied listing on the South Carolina Tobacco Directory or any other state, or was removed from the South Carolina Tobacco Directory or any other state.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicant is enjoined or banned from selling any cigarettes by court order, state or federal agency ruling or determination.

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A state or federal court has entered a judgment finding that the Applicant engaged in an unfair business practice or unfair competition relating to tobacco sales.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Has Applicant or any person or Affiliate listed in the certification been indicted or convicted of a crime under federal, state, or foreign laws in connection with the sale of cigarettes or RYO? If yes, please provide details, including case and/or docket number.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Has Applicant or any person or Affiliate listed in the certification been denied a permit, license or other authorization to engage in any business relating to the sale of tobacco by any government entity (federal, state, local, foreign) or had such permit revoked, suspended or otherwise terminated? If yes, please provide details.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Applicant is selling only FSC cigarettes into South Carolina.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Applicant is in compliance with the Federal Family Smoking Prevention and Tobacco Control Act (Public Law 111-31), including Section 907(a)(1)(A), which bans the sale of all flavored cigarettes.

PART 5: AFFIDAVIT OF TOBACCO PRODUCT MANUFACTURER

Under penalty of falsification, I state that the tobacco product manufacturer named herein, as of the date of the certification, is a participating manufacturer in full compliance with all applicable sections of Title 11, Chapter 47 of the South Carolina Code and all requirements of the Master Settlement Agreement.

I understand that this certification must be signed by a qualified company officer authorized to bind the applicant company. My position with the company and my actual authority to certify on behalf of the applicant meets the foregoing requirements.

I understand that the Attorney General may require additional information and/or documentation to determine if applicant qualifies for listing on the South Carolina Tobacco Directory.

I have examined this certification, including attachments and supporting documents and, to the best of my knowledge and belief, this certification, including attachments and supporting documents, is true, correct, and complete.

By signing this affidavit on behalf of the Applicant company, I understand that the company is required to comply with all state and federal laws concerning the sale of tobacco products.

THIS CERTIFICATION MUST BE SIGNED AND DATED BEFORE A NOTARY PUBLIC

Dated: _____, 2014

Affiant

Sworn to and subscribed before me on this ____ day of _____, 2014.

(SEAL)

Notary Public

(Print Name)

My commission expires: _____