



# TOBACCO PRODUCT MANUFACTURER CERTIFICATION

MAINE OFFICE OF THE ATTORNEY GENERAL

Please Email to [Elizabeth.Reardon@Maine.gov](mailto:Elizabeth.Reardon@Maine.gov) and [Fatima.Lima@Maine.gov](mailto:Fatima.Lima@Maine.gov)

Type of Certification (check one)

- Initial Certification - Tobacco Product Manufacturer is not currently listed on the directory. Annual
- Certification (Renewal) - Due April 30th of each year.
- Supplemental Certification - Change in brands, registered agent, or other information.

## Part 1 - Tobacco Product Manufacturer (TPM) Identification

### A. Business Information

Applicant Company Name			
Street Address		City	State   ZIP Code
Mailing Address		City	State   ZIP Code
Telephone Number	Fax Number	Email Address	
Company Website Address			
Person Completing Report		Title of Person Completing Report	

### Contact Information (if different than above)

Contact Person	Contact Telephone Number	Contact Email Address
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Complete boxes below if located in the United States. Also attach a copy of your Alcohol and Tobacco Tax and Trade Bureau (TTB) Tobacco Manufacturer's Permit.

Applicant's Federal Taxpayer Identification Number	Permit Number	Expiration Date
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### B. The Tobacco Product Manufacturer identified above, is as of the date of this Certification (check one)

- A Participating Manufacturer, under the Master Settlement Agreement (MSA) and has generally performed its financial obligation as required by the MSA.
- A Nonparticipating Manufacturer in full compliance with the escrow requirements of 22 M.R.S. § 1580-I.

## Part 2 - Certification Year

Separate Certification is required each year.

Certification Brand Year: \_\_\_\_\_

## Part 3 - Brand Family Identification (to be completed by all TPMs).

### A. Participating Manufacturer (may instead be attached)

The Applicant has the following brand families, each of which the Applicant affirms are to be deemed its cigarettes for purposes of calculating its payments under the MSA. **Check the box for those brand families that will not be sold in Maine in the current calendar year.**

**Note:** Notwithstanding the brand families listed below, the State of Maine retains the right to maintain that a brand family constitutes cigarettes of a different TPM for purposes of calculating payments under the MSA.

Brand Family	Cigarettes or Roll-Your-Own (RYO)	No Longer Sold in Maine	Brand Family	Cigarettes or Roll-Your-Own (RYO)	No Longer Sold in Maine
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

**B. Nonparticipating Manufacturer** (may instead be attached)

The Applicant has the following brand families, each of which the Applicant affirms are to be deemed its cigarettes for purposes of escrow obligation set forth in 22 M.R.S. § 1580-I(2). **List each brand family sold in the preceding calendar year and at any time in the current calendar year. Check the box for those brand families that are no longer sold in Maine as of the date of this Certification. One unit of RYO = 0.09 oz. (2.5g).**

**Note:** Notwithstanding the brands listed below, the State of Maine retains the right to maintain that a brand family constitutes cigarettes of a different TPM for purposes of depositing escrow under 22 M.R.S. § 1580-I.

**Note:** For 2025, A new escrow agreement must be executed.

Brand Family	Cigarettes or Roll-Your-Own (RYO)	Units Sold Preceding Year	Units Sold Current Year	Manufacturer	No Longer Sold in Maine
					<input type="checkbox"/>
					<input type="checkbox"/>

**C. Packaging or Labeling**

- Attach for each brand family identified above:
1. A current listing of all UPC codes of cigarettes and RYO products that are manufactured by your company; **and;**
  2. A copy of the packaging or labeling samples unless previously provided to the Attorney General.
- Copy of the packaging or labeling has been previously provided to the Attorney General and remains unchanged.

**D. Department of Health and Human Services Ingredient List**

- Attach for each brand family identified in Part 2A or 2B a copy of the most recent documentation provided by the Department of Health and Human Services, Centers for Disease Control and Prevention, and the Office on Smoking Health, showing compliance with the ingredient list submission requirement pursuant to 15 U.S.C. § 1335a.

**E. Federal Trade Commission Rotation Plan**

- Attach for each brand family identified above a copy of the current complete warning rotation plan submitted to the Federal Trade Commission (FTC) pursuant to 15 U.S.C. § 1333 and a copy of the current approval letter from the FTC for each brand family.

**F. Trademark**

Is the Applicant the trademark owner of the brands listed in this certification? Attach a copy of your live trademark from the last 30 days.

- Yes  No

If no, explain:

**G. Fabrication of Brand Families**

Does the Applicant itself fabricate each brand family identified above?

- Yes  No

If no, explain why Applicant is submitting the Certification:

**H. Manufacturing Facility Identification**

Address	City	State	ZIP Code
Factory Manager Name	Telephone Number	Fax Number	

**I. Manufacturing Facility Access**

Does any other company have access to utilize any of the manufacturing facilities identified in Part 4B?

Yes  No

If yes, explain:

**J. Criminal Activity**

Has the Applicant or Applicant's affiliate, officer, or director been convicted of a felony crime relating to the sale or taxation of cigarettes or tobacco products?

Yes  No

If yes, explain:

**K. Jenkins Act Compliance**

Does the Applicant affirmatively certify that it is in full compliance with all Prevent All Cigarette Trafficking Act (PACT) registration requirements of 15 U.S.C §§376 and 376a?

Yes  No

**L. Directory Status**

Has either the Applicant or any of its brand families ever been involuntarily removed from the approved-for-sale tobacco products directory of any state?

Yes  No

If yes, explain:

**M. Fire Safe Status**

Does the Applicant have a Maine fire safe certification for each brand family listed above under Brand Family identification?

Yes  No

If yes attach, if no explain:

**N. Enforcement Actions**

Has the Applicant ever been enjoined or banned from selling tobacco products by any court order or government agency ruling or determination?

Yes  No

For Nonparticipating Manufacturers: Has the Applicant ever had a judgment entered against it for failure to pay escrow funds alleged to be due?

Yes  No

If yes to either, explain:

**O. Identification of Affiliates**

**Identification of Directors, Members, Officers, and Owners of the Company** (may instead be attached)

Name and Title	Nature of Interest	Address (include city, state, ZIP Code)	Telephone Number	Fax Number

**P. Association with Other Tobacco Product Manufacturers**

Is any individual or entity identified in Part 4I above also a director, officer, or owner of any other Tobacco Product Manufacturers?

Yes  No

If yes, explain:

**Q. Flavor Certification**

- Attach a notarized statement that the brand styles you are attempting to certify are not banned effective September 22, 2009 by the U.S. Food and Drug Administration legislation that bans additives, including artificial or natural flavors, that are characterizing flavors of tobacco product other than tobacco or menthol. See Section 907(a)(1)(A) of the Federal Food, Drug and Cosmetic Act (FFDC) as amended by the Family Smoking Prevention and Tobacco Control Act (FSPTC).

**Part 5 - Distributor Information**

Provide the following information for each distributor that sold cigarettes or roll-your-own in the current or preceding year for distribution in Maine by or on behalf of the Applicant.

**Note:** The Applicant shall update this information if it changes during the calendar year.

Distributor	Address (include city, state, ZIP Code)	Telephone Number	Brand

**Part 6 - Nonparticipating Manufacturer Liability; Joint and Several Liability****A. Registered Agent. Certify as follows (check one)**

- The Nonparticipating Manufacturer is registered to do business in the State of Maine.
- The Nonparticipating Manufacturer has appointed a registered agent for service of process in the State of Maine and provided notice of the appointment to the Attorney General by submitting a completed **Statement of Registered Agent** form, available at <https://www.maine.gov/ag/>

**B. Consent to Suit**

- Attach a properly executed copy of the **Consent to Suit** form available at <https://www.maine.gov/ag/>

**C. Importer Acceptance of Joint and Several Liability**

- Attach a properly executed copy of the Importer **Acceptance of Joint and Several Liability** form available at <https://www.maine.gov/ag/>

**Part 7 - Nonparticipating Manufacturer Qualified Escrow Account  
Qualified Escrow Fund (QEF) Information**

The Applicant certifies that at the time of this Certification, the Applicant has:

- Enclosed the completed annual escrow Certification of Compliance for the prior year's sales in Maine.
- Established and continues to maintain a QEF as defined in 22 M.R.S. § 1580-H(6).
- Executed Maine's 2025 Qualified Escrow that governs the QEF for Maine. A copy of the current Qualified Escrow Agreement, including any amendments, is attached.
- Ensured that the escrow funds held in the QEF on behalf of Maine are in a separate segregated account, separate and apart from escrow funds held on behalf of any other beneficiary.
- Ensured that the QEF is not encumbered by a security interest granted to a third party.
- Attached information documenting all deposits and withdrawals from the QEF during the last year and attached proof of the current escrow account balance from the Escrow Agent.
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Escrow Agent Name			
Address	City	State	ZIP Code
Representative Name		Representative Title	
Telephone Number	Escrow Account Number	Maine Sub-Account Number	

**Part 8 - Declaration of Tobacco Product Manufacturer**

**An authorized designee of the Applicant must sign this form and check one of the boxes below.**

**Participating Manufacturer:** Under penalty of perjury, I state that the Tobacco Product Manufacturer identified in Part 1 is a Participating Manufacturer in full compliance with 22 M.R.S. § 1580-I(1) as of the date of this Certification.

I am the authorized designee for the Participating Manufacturer, as established in the MSA or MSA Amendment by which the Participating Manufacturer joined the MSA, and I am signing in that capacity.

I understand the Attorney General may require additional information and/or documentation to determine if Applicant qualifies for listing on the 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.

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**Nonparticipating Manufacturer:** Under penalty of perjury, I state that the Tobacco Product Manufacturer identified in Part 1 is a Nonparticipating Manufacturer in full compliance with all provisions of 22 M.R.S. § 1580-I(2) as of the date of this Certification.

This Certification must be signed by a qualified company designee authorized to bind the Applicant. My position with the Applicant and my actual authority to certify on behalf of the Applicant meets these requirements.

I understand the Attorney General may require additional information and/or documentation to determine if Applicant qualifies for listing on the 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 Declaration on behalf of the Tobacco Product manufacturer, I understand the Tobacco Product Manufacturer is required to comply with all state and federal laws concerning the sale of "cigarettes" as defined in 22 M.R.S. § 1580-H(4).

**Declaration Made Within United States**

I declare, under penalty of perjury under the law of Maine, that the foregoing is true and correct.

Signed on this day	Date	
in this City or Other Location	State of	Country United States
Name of Authorized Designee		
Title		
Signature of Authorized Designee		

**Declaration Made Outside Boundaries of United States**

I declare, under penalty of perjury under the law of Maine, that the foregoing is true and correct, and that I am physically located outside the geographic boundaries of the United States, Puerto Rico, the United States Virgin Islands, and any territory or insular possession subject to the jurisdiction of the United States.

Signed on this day	Date	
in this City or Other Location	State of	Country
Name of Authorized Designee		
Title		
Signature of Authorized Designee		

### Checklist for Completing Certification

The Attorney General may require a Tobacco Product Manufacturer to submit any additional information necessary to enable the Attorney General to determine whether a manufacturer is in compliance with 22 M.R.S. § 1580-I. Incomplete and/or illegible Certification forms and attachments will be returned.

#### A. Checklist for Participating Manufacturers

- Parts 1, 2, 3A, 3C-E, 4, 5, and 8 must be completed in their entirety;
- Brand families have been listed **and** cigarettes or RYO is indicated;
- Brands **not** being sold in the current year, check box has been checked;
- Each FTC Cigarette Health Warning Rotation Plan is attached;
- Each CDC Ingredient Approval letter is attached;
- Packaging samples are attached;
- Each fire safe certificate is attached;
- PACT Act registration information is attached;
- Trademark information is attached;
- Current listings of all UPC codes of cigarettes and RYO products are attached;
- Notarized statement certifying no characterizing flavors other than tobacco and menthol attached;
- Certification signed by authorized designee is attached.

#### B. Checklist for Nonparticipating Manufacturers

- Parts 1, 2, 3B, 3C-E, 4, 5, 6, 7, and 8 of the Certification must be completed in their entirety;
- Brand families have been listed **and** cigarettes or RYO is indicated;
- Brand families **not** being sold in Maine in the current year, check box has been checked;
- Each FTC Cigarette Health Warning Rotation Plan is attached;
- Each CDC Ingredient Approval letter is attached;
- Packaging samples are attached;
- Each fire safe certificate is attached;
- PACT Act registration information is attached;
- Trademark information is attached;
- Current listings of all UPC codes of cigarettes and RYO products are attached;
- Notarized statement certifying no characterizing flavors other than tobacco and menthol attached;
- Statement of Registered Agent is attached;
- Consent to Suit is attached;
- Importer Acceptance of Joint and Several Liability is attached (foreign manufacturer only);
- Current escrow agreement and any attachments and amendments are attached;
- Escrow account statement with complete history is attached;
- Certification signed by authorized designee is attached;

**Email To:** [elizabeth.reardon@maine.gov](mailto:elizabeth.reardon@maine.gov) and [laurie.simpson@maine.gov](mailto:laurie.simpson@maine.gov)



**TOBACCO PRODUCT MANUFACTURER  
IMPORTER ACCEPTANCE OF JOINT-AND-SEVERAL LIABILITY**  
MAINE OFFICE OF THE ATTORNEY GENERAL  
Please Email to [Elizabeth.Reardon@Maine.gov](mailto:Elizabeth.Reardon@Maine.gov) and [Fatima.Lima@Maine.gov](mailto:Fatima.Lima@Maine.gov)

CERTIFICATION YEAR

**2025**

\*Due On or Before April 30, 2025

<b>IMPORTER INFORMATION:</b>	
Business Name:	Contact Person:
Address:	City:
State:	Zip Code:
Telephone:	Email:

<b>IS THE COMPANY REPRESENTED BY COUNSEL?</b>	Yes	No
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<b>IDENTIFICATION OF COUNSEL:</b>	
Firm Name:	Counsel's Name:
Address:	City:
State:	Zip Code:
Telephone:	Email:

<b>FEDERAL TOBACCO IMPORTER PERMIT NUMBER</b>	
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→ A copy of the permit issued by the U.S. Department of Treasury, Tobacco Tax Bureau must be included with this form.

<b>NON-PARTICIPATING MANUFACTURER FOR WHOM LIABILITY IS ACCEPTED:</b>	
Business Name:	Contact Person:
Address:	City:
State:	Zip Code:
Telephone:	Email:

<b>BRAND FAMILIES BEING IMPORTED FROM NON-PARTICIPATING MANUFACTURER:</b>	

<b>THESE CIGARETTE BRAND FAMILIES ARE IMPORTED UNDER:</b>	
	A Written Contract Commencing _____ and ending _____.
	An Oral Contract or Informal Agreement.

→ If the cigarette brand families are imported under a written contract, a copy of that contract must be included with this form.

<b>ACCEPTANCE OF JOINT-AND-SEVERAL LIABILITY:</b>
In accordance with Maine Revised Statutes Title 22, Chapter 263, Subchapter 3, for all sales of brands of cigarettes identified above occurring in the State of Maine, the Importer hereby accepts joint-and-several liability with the Non-Participating Manufacturer identified above for deposit of all escrow due, payment of all penalties imposed, and all costs and attorney's fees imposed for escrow liability under 22 M.R.S. § 1580-I. This acceptance of joint-and-several liability shall remain in effect until the Importer withdraws from this obligation by giving 60 days advance notice by registered mail to the Office of the Maine Attorney General, provided such withdrawal shall not release said Importer from any liability existing hereunder at the time of the effective date of the said withdrawal and further provided that said 60 days shall begin to run on the day following receipt of notice by the Office of the Maine Attorney General. More particularly, all obligations existing on the effective

date of the Importer's withdrawal, including, but not limited to any escrow obligations, penalties, costs, and attorney's fees, shall continue to be protected by this agreement, even though no cause of action has accrued at the time of the withdrawal, until the running of the statute of limitations on actions claiming against this obligation.

**Initial of Importer:**

**CONSENT TO SUIT:**

The above-named Importer, does hereby Consent that any action or proceeding against it pursuant to 22 M.R.S. § 1580-I, by the State of Maine, may be commenced in any state court of competent jurisdiction within Maine.

**Initial of Importer:**

**REQUIRED DOCUMENTATION:**

Proof of Authority to accept joint-and-several liability for Non-Participating Manufacturer under 22 M.R.S. § 1580-I.

Proof of authority to consent to suit on behalf of the Importer, *e.g.*, a resolution by the Importer specifically agreeing to the consent to suit provision, as well as any required approval by an applicable governmental agency, whether federal, state, county, local, or tribal.

Proof of authority given to the signing party to execute this agreement.

**IMPORTER'S REGISTERED AGENT FOR SERVICE OF PROCESS:**

Company:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

→ A statement from the Registered Agent noting his or her service in this capacity must be included with this Certification Form. Pursuant to Maine law, this Registered Agent must reside in the State of Maine.

**BONDING:**

Does the Importer submitting this form have a bond in place to cover escrow liability for sales made in Maine during the sales year?

Yes

No

→ If your answer to the preceding question was "yes," a copy of such bond must be included with this Certification Form.

**SIGNATURE:**

Authorized Designee:

Title:

Designee Signature:

Date:

**NOTARY:**

Subscribed and Sworn Before Me on this Date:

Signature of Notary Public:

City or County of:

My Commission Expires:

→ Seal of Notary must be included and should overlap the right-hand column of the above box.

**EMAIL THE COMPLETED FORM TO:**

[Elizabeth.Reardon@Maine.gov](mailto:Elizabeth.Reardon@Maine.gov) and  
[Fatima.Lima@Maine.gov](mailto:Fatima.Lima@Maine.gov)

→ This form, including attachments, must be received on or before **April 30, 2025**.

→ This form will be returned and left unprocessed unless all fields are completed and all required attachments have been received.



**TOBACCO PRODUCT MANUFACTURER  
STATEMENT OF REGISTERED AGENT**

MAINE OFFICE OF THE ATTORNEY GENERAL

Please Email to [Elizabeth.Reardon@Maine.gov](mailto:Elizabeth.Reardon@Maine.gov) and [Fatima.Lima@Maine.gov](mailto:Fatima.Lima@Maine.gov)

CERTIFICATION YEAR

**2025**

**\*Due On or Before April 30, 2025**

<b>MANUFACTURER INFORMATION:</b>	
Business Name:	Contact Person:
Address:	City:
State:	Zip Code:
Telephone:	Email:

<b>MANUFACTURER'S REGISTERED AGENT FOR SERVICE OF PROCESS:</b>	
Company:	Address:
City:	State:
Zip Code:	Telephone:
Fax:	Email:

<b>REQUIRED DOCUMENTATION:</b>
Statement from the Registered Agent noting his or her service in this capacity. Pursuant to Maine law, this Registered Agent must reside in the State of Maine.

<b>EMAIL THE COMPLETED FORM TO:</b>	
<a href="mailto:Elizabeth.Reardon@Maine.gov">Elizabeth.Reardon@Maine.gov</a> and <a href="mailto:Fatima.Lima@Maine.gov">Fatima.Lima@Maine.gov</a>	<p>→ This form, including attachments, must be received on or before <b>April 30, 2025</b>.</p> <p>→ This form will be returned and left unprocessed unless all fields are completed and all required attachments have been received.</p>

**TOBACCO PRODUCT MANUFACTURER****CONSENT TO SUIT**

MAINE OFFICE OF THE ATTORNEY GENERAL

Please Email to [Elizabeth.Reardon@Maine.gov](mailto:Elizabeth.Reardon@Maine.gov) and [Fatima.Lima@Maine.gov](mailto:Fatima.Lima@Maine.gov)

CERTIFICATION YEAR

**2025****\*Due On or Before April 30, 2025**

<b>BUSINESS INFORMATION:</b>	
Business Name:	Contact Person:
Address:	City:
State:	Zip Code:
Telephone:	Email:

<b>CONSENT TO SUIT:</b>
The above-named Non-Participating Manufacturer, does hereby Consent that any action or proceeding against it pursuant to 22 M.R.S. § 1580-I, by the State of Maine, may be commenced in any state court of competent jurisdiction within Maine.
<b>Initial:</b> _____

<b>REQUIRED DOCUMENTATION:</b>
Proof of Authority to consent to suit on behalf of the Non-Participating Manufacturer, <i>e.g.</i> , a resolution by the Non-Participating Manufacturer specifically agreeing to the consent to suit provision, as well as any required approval by an applicable governmental agency, whether federal, state, county, local, or tribal.
Proof of authority given to the signing party to execute the consent to suit provision.

<b>SIGNATURE:</b>	
Authorized Designee:	Title:
Designee Signature:	Date:

<b>NOTARY:</b>
Subscribed and Sworn Before Me on this Date:
Signature of Notary Public:
City or County of:
My Commission Expires:

<b>EMAIL THE COMPLETED CERTIFICATION FORM TO:</b>	
<a href="mailto:Elizabeth.Reardon@Maine.gov">Elizabeth.Reardon@Maine.gov</a> and <a href="mailto:Fatima.Lima@Maine.gov">Fatima.Lima@Maine.gov</a>	→ This form, including attachments, must be received on or before <b>April 30, 2025</b> . → This form will be returned and left unprocessed unless all fields are completed and all required attachments have been received.