



COMMONWEALTH OF VIRGINIA
Tobacco Product Manufacturer Certification for Participating Manufacturers

Part 1: Type of Certification (*check one*)

- Initial Certification
- Annual Certification Filed in Year _____ (Due by April 30 each year)
- Supplemental Certification (Due thirty (30) days prior to any change in Certification)

Part 2: Tobacco Product Manufacturer Identification

Name: _____

Federal Employers Identification Number: _____

Federal Tobacco Manufacturer Permit Number: _____

Address: _____

Contact: _____

Title: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

If the Tobacco Product Manufacturer is represented by outside counsel for the purpose of compliance with the Master Settlement Agreement or Va. Code § 3.1-336.3 *et seq.*, provide the following information:

Firm: _____

Attorney: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Part 3: Brand Family Identification and Certification (*attach supplemental pages if needed*)

Brand Family	Brand Style(s)	Actual and/or Previous Fabricator (if different from Tobacco Product Manufacturer)

- If the Tobacco Product Manufacturer is not the actual fabricator, identify by name and address the company that contract manufactures that Brand Family. Also identify any Brand Family(s) the Tobacco Product Manufacturer contract-manufactures for another company.

Part 4: Affidavit of Tobacco Product Manufacturer (*must be executed by an authorized officer*)

Under penalty of perjury, I state that (1) the Tobacco Product Manufacturer, as of the date of this Certification, is a Participating Manufacturer performing its financial obligations under the MSA and in full compliance with all applicable sections of Va. Code §§ 3.1-336.1 through 3.1-336.16; (2) 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; (3) I understand that the Tobacco Product Manufacturer is required to comply with state and federal laws concerning the sale of tobacco products, and that failure to do so may constitute grounds for exclusion from the Virginia Tobacco Directory; (4) the Tobacco Product Manufacturer hereby waives any claim or defense of sovereign immunity with respect to any litigation brought by the Commonwealth of Virginia arising out of this certification or the sale of tobacco products in Virginia; (5) I understand that the cigarette brands and brand families listed herein are to be deemed the cigarettes of this Manufacturer for purposes of the Master Settlement Agreement; (6) I understand that the Attorney General may require additional information and/or documentation to determine if the Tobacco Product Manufacturer qualifies for listing in the Virginia Tobacco Directory and to determine that the assurances herein are true, correct, and complete; I agree to provide such information upon request, and I understand that failure to do so may constitute grounds for exclusion from the Virginia Tobacco Directory; and (7) I am a qualified company officer authorized to bind the Tobacco Product Manufacturer making this Certification.

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Date: _____ Signature: _____

Notary:

City/County of _____, State and Nation of _____

Subscribed and sworn to before me on this date: _____

Signature: _____

My commission expires: _____

Mail this *original* fully executed Certification, including attachments and supporting documents to:

Tobacco Unit
Office of the Attorney General
900 East Main Street
Richmond, Virginia 23219

Mail a *copy* of the Certification to:
Tobacco Tax Unit
Virginia Department of Taxation
P.O. Box 715
Richmond, Virginia 23218-0715

Additional information is available at:
<http://www.vaag.com>