

STATE OF IOWA
2010 PARTICIPATING MANUFACTURER CERTIFICATION FORM

Part One

I. Tobacco Product Manufacturer (TPM) Identification

Name of Participating Manufacturer (PM): _____

Company Address: _____ Phone: _____

Fax: _____

City/State/Zip/Country: _____ E-mail: _____

Web site: _____

Name/Title of Person Completing Form (PLEASE PRINT): _____

This applicant is a participating manufacturer and has generally performed its financial obligations under the master settlement agreement for the calendar year 2009.

Is this Participating Manufacturer a Tribal or Tribally Owned Entity? Y/N

Address(es) of Manufacturing Plant(s) for each brand requested (including the manufacturing facilities of any companies with whom applicant contracts for tobacco product manufacture or fabrication):

Name of Factory Manager(s): _____

Phone Number of Factory Manager(s): _____

Fax Number of Factory Manager(s): _____

If located in the U.S., Applicant Manufacturer's Federal Taxpayer ID Number: _____

Contract Manufacturer(s)'s Federal Taxpayer ID Number: _____

Is the Contract Manufacturer a tribal or tribally owned entity? **Y?N**

If Applicant is located in the U.S., Applicant's TTB Tobacco Manufacturer Permit Number: _____

Permit Expiration Date: _____

Applicant's TTB Tobacco Importer Permit Number: _____

If Applicant is located outside the U.S., Name of Importer: _____

TTB Tobacco Importer Permit Number: _____ Permit Expiration Date: _____

Contract Manufacturer's TTB Tobacco Manufacturer Permit Number: _____

Exp. Date: _____

Contract Manufacturer's TTB Tobacco Importer Permit Number: _____

Indicate the date when the TPM joined the MSA as an OPM or SPM: _____

If TPM joined the MSA by an amendment, please state the **Amendment #** _____

NOTE: If applicant is an importer of tobacco products, PLEASE SEE PART THREE BELOW.

II. This Form is (check one below):

Initial Certification – Manufacturer is not currently listed on the Iowa Tobacco Directory.

Annual Certification – Due April 30, 2010, for May 1, 2010, through April 30, 2011.

Supplemental Certification – Change of information provided in our Initial or Annual Certification.

Change of information **MUST be submitted **30 DAYS** prior to change.**

Part Two: Brand Families and Brand Names (Attach Additional Sheets if Necessary)

I. Identify the Manufacturer’s Brand Families, as that term is defined in Iowa Code section 453D.2(2)(1). Following the Initial Certification, the Applicant must update its list thirty (30) days prior to any addition to, or modification of, its Brand Families by executing and delivering a supplemental Certification Form to the Attorney General and the Director of the Department of Revenue. Forms are available from the Office of the Attorney General or online from the Iowa Department of Revenue at www.state.ia.us/tax/business/CigTobIndex.html. The listing must be completely legible, or it will not be accepted.

Brand Family*	Brand Name (Indicate whether cigarettes or RYO)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Indicate with an asterisk (*) those brands that will not be sold in the current year.

A Participating Manufacturer shall not include a Brand Family in its Certification unless the Participating Manufacturer affirms that the Brand Family is to be deemed to be its tobacco product for the purpose of calculating payments under the Master Settlement Agreement for the relevant year, in the volume and shares determined pursuant to the Master Settlement Agreement. Nothing in this Certification shall limit or otherwise affect the State’s right to maintain that a Brand Family constitutes a tobacco product of a different tobacco product manufacturer for purposes of calculating payment under the Master Settlement Agreement.

II. For the above brand families (cigarettes only) provide a copy of the **current** Federal Trade Commission (FTC) approval letter for health-warning rotation plan. Additional information may be obtained at:

Federal Trade Commission
600 Pennsylvania Ave., N.W.
Washington, D.C. 20580
General Information Telephone: 202-326-2222
www.ftc.gov

III. Provide a copy of the **current** Centers for Disease Control (CDC) ingredient-listing (cigarettes only) compliance letter(s) pertaining to the above brands of cigarettes **and a notarized statement from the manufacturer as to which brand’s ingredients were submitted for each approval letter.** Additional information may be obtained at:

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333
Telephone: 1-800-311-3435
www.cdc.gov/netinfo.htm

IV. Provide a sample of the packaging of **each** brand family. If the manufacturer has previously supplied such packaging to the Attorney General and if such packaging has not changed, samples need not be supplied this year.

Check here if previously supplied packaging samples have not changed.

***NOTE:** Iowa Code Chapter 101B became effective on January 1, 2009, requiring cigarettes to meet reduced ignition propensity fire safety standards.

Are all of the cigarette brand families included in this application reduced ignition propensity/FSC certified in Iowa? Y/N
Please list the brand family products that DO NOT meet reduced ignition propensity/FSC standards in Iowa:

Part Three: Exclusive Importer

If you are the exclusive importer for a tobacco product manufacturer/fabricator domiciled outside of the United States:

1. Attach true and correct copies of all forms you have filed with the Bureau of Alcohol, Tobacco, Firearms and Explosives, US Immigration and Customs Enforcement, and/or US Treasury Department, or predecessor or successor agency for calendar year 2009, including without limitation the Manufacturer's Monthly Reports, Importer's Monthly Reports, Tax Returns, Form s7501 and any other forms filed with the US government showing tobacco products sold, manufactured, or imported.
2. List all brand names under which tobacco products imported by Applicant or any affiliate, or any entity acting in concert or participation with Applicant have been sold in the United States since January 1, 1997. For each, please state the number of cigarettes (ounces of RYO) of each brand sold in the United States in calendar year 2009.
3. For each brand:
 - a. Identify the owner of the U.S. trademark(s) and any international mark(s) for said brand, including trademark registration numbers and effective dates. IF APPLICANT IS NOT THE OWNER of the trademark(s), provide a true copy of the document by which the owner of the mark has consented to the import and/or sales of such tobacco products.
 - b. Identify the location and name of the manufacturing facility or facilities where the brand is manufactured.
 - c. Identify the Person that owns the facility or facilities where the product is made. Produce copies of all contracts between you and the Person or Persons that own the manufacturing facilities including, but not limited to, an exclusive distribution agreement.
 - d. Identify the country and shipping port from which the products are exported to the United States.
 - e. Identify every consignee, importer or any other Person that imports that brand into the United States.
 - f. List and attach all agreements between the brand's manufacturer and its importers or consignees including any affiliates.
 - g. Identify all US ports through which the product(s) enter(s) the United States.
 - h. If the product is roll-your-own, describe the form in which the product is brought in to the United States (ie. Final packaged or cut tobacco).

Part Four: Execution

I certify, under penalty of perjury, that this PM will “generally perform its financial obligations under the master settlement agreement” per Iowa Code section 453C.2(1).

I certify, under penalty of perjury, that all of the information contained in this Certification Form and any attached documents, is true, accurate and complete. I further certify that the above named Manufacturer is in full compliance with Iowa Code Chapter 453D.

Authorized Manufacturer Representative - Name and title **(please print or type)**

Authorized Manufacturer Representative Signature:

Date:

Subscribed and sworn to before me on this date: _____

Signature of Notary Public: _____ City or County of _____

My Commission expires: _____

Send Completed Certification Form To Both:

FOR THE ATTORNEY GENERAL

Joelyn L. Gast, Investigator
Iowa Attorney General’s Office
2nd Floor Hoover Building
1305 E. Walnut St.
Des Moines, Iowa 50319

FOR THE DIRECTOR OF REVENUE

Dale Thede
Program Manager, Excise Taxes, Compliance Division
4th Floor, Hoover Building
1305 E. Walnut St.
Des Moines, Iowa 50319

Direct any inquiries to Joelyn Gast at the address listed above or: (515) 281-8206 (Phone)
(515) 281-6771 (Fax); Joelyn.Gast@iowa.gov (e-mail)

State of Iowa
PARTICIPATING MANUFACTURER CERTIFICATION
Iowa Code Chapter 453D (2009)

GENERAL INFORMATION

Who is required to file this certification?

Any tobacco product manufacturer, who is a Participating Manufacturer as that term is defined in the Master Settlement Agreement, that intends to sell cigarettes within the state of Iowa, whether directly or through any distributor, retailer, or similar intermediary.

Definitions:

- (a) Brand Family means all styles of Cigarettes sold under the same trade mark and differentiated from one another by means of additional modifiers or descriptors including, but not limited to, menthol, lights, kings, and 100s, and includes any brand name (alone or in conjunction with any other word), trademark, logo, symbol, motto, selling message, recognizable pattern of colors, or any other indicia of product identification identical or similar to, or identifiable with, a previously known brand of Cigarettes.
- (b) Cigarette has the same meaning as in Iowa Code Section 453C.1(4).
- (c) Director has the same meaning as in Iowa Code Section 453A.1(8).
- (d) Directory means the listing of all Tobacco Product Manufacturers that have provided current and accurate certifications conforming to the requirements of Iowa Code Section 453D.3(1) and all Brand Families that are listed in such certifications; except as provided by Iowa Code Section 453D.3(2).
- (e) Master Settlement Agreement has the same meaning as in Iowa Code Section 453C.1(5).
- (f) Non-participating Manufacturer means any Tobacco Product Manufacturer that is not a Participating Manufacturer.
- (g) Participating Manufacturer has the meaning given that term in Section II(jj) of the Master Settlement Agreement and all amendments thereto.
- (h) Qualified Escrow Fund has the same meaning as that term is defined in Iowa Code Section 453C.1(6).
- (i) Stamping Agent or Distributor means a person that is authorized to affix tax stamps to packages or other containers of Cigarettes under Iowa Code 453A, or any person that is required to pay the excise tax or tobacco tax imposed pursuant to Iowa Code 453A on Cigarettes, as defined in Iowa Code Section 453C.1(4).
- (j) Tobacco Product Manufacturer has the same meaning as that term is defined in Iowa Code section 453C.1(9).
- (k) Units Sold has the same meaning as that term is defined in Iowa Code section 453C.1(10).

When is this certification due?

This certificate of compliance must be executed and delivered to the Iowa Attorney General and the Director on or before April 30th of the year following the sales year.

SPECIFIC INSTRUCTIONS:

Part 1: Tobacco Product Manufacturer Identification: Provide the name, address, telephone, fax number and electronic mail address. The applicant manufacturer certifies it is a Participating Manufacturer and has performed its financial obligations under the master settlement agreement for calendar year 2009. State whether this participating manufacturer is considered a tribal entity or a tribally owned entity. Identify the addresses of all manufacturing plants and contract manufacturers/fabricators, and identify the factory manager along with his/her phone and fax number. If located in the U.S.A., identify the manufacturer's federal taxpayer ID number and TTB Manufacturer and Importer permit number(s) and expiration date(s). Indicate the date that the Tobacco Product Manufacturer joined the MSA as an Original or Subsequent Participating Manufacturer. If the applicant joined the MSA by amendment, then state the Amendment number. Indicate the type of form that is being submitted by checking the appropriate box.

Part 2: Brand Families and Brand Names: Identify by Brand Family and Brand name/style all of the tobacco products that the Tobacco Product Manufacturer intends to sell in this State whether directly or through any distributor, retailer, or similar intermediary, and seeks to have included in the Directory. Indicate whether the tobacco product is a cigarette or roll-your-own product. Only the brands identified may be included in the Directory.

The Participating Manufacturer must update its Brand Family list thirty calendar days prior to any addition to, or modification of, its Brand Families by executing and delivering a supplemental certification to the Attorney General and the Director.

NOTICE: Iowa Code Chapter 101B became effective January 1, 2009, requiring that all cigarettes sold in/into Iowa must meet fire safety standards. Please list any brands included in this application (Part 2) which DO NOT meet Iowa's reduced ignition propensity/ FSC standards.

Provide copies of FTC approval letters for health-warning rotation plans and copies of CDC ingredient-listing compliance letters pertaining to the listed brands for the current year, and a **notarized statement from the manufacturer as to which brand's** ingredients were submitted for each approval letter.

Provide a sample of the packaging for each brand family. If the manufacturer has previously supplied the Attorney General with a packaging sample **and the packaging has not changed**, then samples need not be provided.

Part 3: Identification of Exclusive Importer arrangements: Any arrangements or contracts the applicant Participating Manufacturer may have with manufacturers or fabricators not domiciled in the United States of America must be identified.

Part 4: Execution by Authorized Designees: The authorized representative of the applicant must certify that the company generally intends to perform its financial obligations under the Master Settlement Agreement, as required by Iowa Code section 453C.2(1). The person executing the Certification must be an authorized representative of the Tobacco Product Manufacturer identified in Part 1. The Designee's name and title must be printed and the Certification must be executed in the presence of an authorized notary.