

**PARTICIPATING TOBACCO PRODUCT MANUFACTURER ("PM")
CERTIFICATION SEEKING LISTING ON THE CALIFORNIA TOBACCO
DIRECTORY**

JUS-TOB1 (Rev. 09/2020 03/2021)

PART I: Certification Type

A. Applicant: _____

B. Application year: _____

C. Application type:

- Initial certification – Applicant is not currently listed on the California Tobacco Directory.
- Annual certification – Applicant is currently listed on the California Tobacco Directory and seeks to reestablish Directory eligibility.
- Supplemental certification – Information in support of Applicant's last certification (JUS-TOB1 ~~Rev. 09/2020~~ Rev. 03/2021) is no longer current, accurate, or complete. Alternatively, Applicant is requesting to add or remove Brand Styles from the California Tobacco Directory

D. Application version: _____

If Applicant has submitted more than one JUS-TOB1 this year, describe the pending certification. For example, responses may include Amended Annual, Second Amended Annual, First Supplemental, etc.

- Applicant has carefully read and reviewed all definitions, instructions, forms and exhibits in support of Applicant's certification, including but not limited to Title 11, California Code of Regulations Sections 999.10-999.29 and Definitions (JUS-TOB8 (~~Rev. 09/2020~~ Rev. 03/2021)).
- Applicant understands that all statements, information, and exhibits in support of Applicant's certification are sworn under the penalty of perjury and/or criminal prosecution under the laws of California.
- Applicant understands that, under Title 11, California Code of Regulations Section 999.17, if any information within this certification is no longer current, accurate, or complete, Applicant shall submit a supplemental certification within thirty (30) days of the change.
- Applicant understands that incomplete or illegible submissions will not be processed.

PART II: Applicant

A. Primary contact person designated by Applicant



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If the Office of the Attorney General has questions or requires additional information, documents, or other submissions, Applicant instructs the Office of the Attorney General to first contact:

Name: _____

Telephone number: _____

Email address: _____

Mailing address: _____

B. Applicant’s information

Name: _____

Telephone number: _____

Email address: _____

Mailing address: _____

C. Applicant’s attorney

Name and firm: _____

Telephone number: _____

Email address: _____

Mailing address: _____

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Part III: Brands

- A. Applicant prepared a complete and accurate Brand List (JUS-TOB15 (~~Rev. 09/2020~~ Rev. 03/2021)), which is attached as Exhibit B and is incorporated by reference. Applicant's Brand List includes: (1) all Brand Styles of Cigarettes that Applicant seeks to list on the California Tobacco Directory; (2) all Brand Styles of Cigarettes that Applicant Fabricated for sale anywhere in the United States within the past thirty-nine (39) months; (3) all Brand Styles of Cigarettes that Applicant Fabricated in the United States for export-only during the past thirty-nine (39) months; and (4) all Brand Styles of Cigarettes that Applicant or Applicant's Importer(s) imported into the United States during the past thirty-nine (39) months. **No** **Yes**
- B. Using columns A, B, C, and D of Exhibit B / Brand List (JUS-TOB15 (~~Rev. 09/2020~~ Rev. 03/2021)), Applicant identified all the Brand Styles of Cigarettes that Applicant seeks to add, remove, or recertify for listing on the California Tobacco Directory. Column A identifies the Brand Styles of Cigarettes that Applicant seeks to add to the California Tobacco Directory. Column B identifies the Brand Styles of Cigarettes that are currently listed on the California Tobacco Directory and Applicant seeks to reestablish eligibility for listing on California Tobacco Directory. Column C identifies the Brand Styles of Cigarettes that Applicant seeks to remove from the California Tobacco Directory. Column D identifies the Brand Styles of Cigarettes that Applicant does not seek to list on the California Tobacco Directory. **No** **Yes**
- C. Using columns G and H of Exhibit B / Brand List (JUS-TOB15 (~~Rev. 09/2020~~ Rev. 03/2021)), Applicant provided all carton and pack UPCs used or otherwise associated with all of the Brand Styles of Cigarettes listed on Exhibit B / Brand List (JUS-TOB 15 (~~Rev. 09/2020~~ Rev. 03/2021)), including all promotional UPCs. **No** **Yes**
- D. _____ **(Initial)** Applicant is a Participating Manufacturer under the MSA in compliance with the payment obligations under the MSA. **No** **Yes**
- E. _____ **(Initial)** Applicant acknowledges that approving this certification does not waive any arguments by California regarding the entities responsible for payments under the MSA or the amounts owed under the MSA by Applicant or any Brand Style addressed by the certification. **No** **Yes**

Part IV: Fabrication

- A. The Cigarettes that Applicant seeks to list on the California Tobacco Directory are Fabricated:

_____ only in the United States



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_____ only outside the United States

_____ both inside and outside of the United States

- B. Currently, how many entities Fabricate any Cigarettes for Applicant or Applicant’s Domestic Affiliates? Identify each Fabricator by name, physical address of all factories (not a mailing address), and federal manufacturer and/or importer permit number(s).

(Alternatively, Applicant’s response is attached as Exhibit _____ / FABRICATOR(S))

- C. Other than the entities identified in your response to question IV.B. above, has any Person used the factory or factories identified in your response to question IV.B. to Fabricate any Cigarettes during the last five (5) years? **No** **Yes**

If Applicant’s answer is “Yes,” a written response that identifies all Persons that Fabricated any Cigarettes at the factory during the last five (5) years and all the Brand Family names of all the Cigarettes Fabricated is attached as Exhibit _____ / FACILITY SHARING.

- D. During the past five (5) years, how many entities have Fabricated any Cigarettes for Applicant or Applicant’s Domestic Affiliates? Identify each Fabricator by name(s), physical address(es) of all factories (not a mailing address), and federal manufacturer and/or importers permit number(s).

(Alternatively, Applicant’s response is attached as Exhibit _____ / FABRICATOR(S))

- E. During the past five (5) years, did the physical location of any factory that Fabricated any Cigarettes for Applicant or Applicant’s Domestic Affiliates change? **No** **Yes**

- F. During the past five (5) years, has Applicant or any of Applicant’s Domestic Affiliates Fabricated any Cigarettes for anyone other than Applicant? **No** **Yes**



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- G. During the past five (5) years, has anyone Fabricated any Cigarettes for Applicant or Applicant's Domestic Affiliates? **No** **Yes**

If Applicant responded "Yes" to questions IV.F or IV.G, a narrative describing all contract and/or "private label" manufacturing during the past five (5) years is attached as Exhibit _____ / CONTRACT MANUFACTURING. The narrative shall include, at least, the identity of each Fabricator by name(s), physical address(es) of all factories (not a mailing address), and the federal manufacturer and/or importer permit number(s), the Brand Families fabricated by Brand Family name, and the date(s) of fabrication.

- H. Copies of all of Applicant's current federal manufacturer and/or importers permit(s) are attached as Exhibit _____ / TTB PERMIT.

- I. A copy of Applicant's current manufacturer and/or importer license issued by the California Department of Tax and Fee Administration ("CDTFA") is attached as Exhibit _____ / CDTFA LICENSE.

- J. Does Applicant or any of Applicant's Domestic Affiliates license, share, lease, or rent any Cigarettes Brand Family trademark from any Person? **No** **Yes**

If Applicant answered "Yes," a list containing all the: trademark names licensed, leased, or rented; trademark numbers; and names, addresses, and telephone numbers of the trademark owners is attached as Exhibit _____ / Trademarks.

PART V: IMPORTER

- A. Are any of Applicant's Cigarettes Fabricated outside the United States and imported into the United States? **No** **Yes**

If Applicant answered "No," Applicant may proceed to Part VIII.

- B. During the past thirty-nine (39) months, how many importers have imported Applicant's Cigarettes into the United States? _____

- C. Identify each of Applicant's importers during the past thirty-nine (39) months by name, address, FIEN, and TTB importer permit number.

(Alternatively, Applicant's response is attached as Exhibit _____ / IMPORTER(S))



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Section VI: Surety Bond

- A. Has Applicant waived any purported claim to sovereign immunity using a JUS-TOB9 (Rev. 10/2021), JUS-TOB10 (Rev. 10/2011), or JUS-TOB11 (Rev. 08/2011)?
- No** **Yes**

If Applicant answered "Yes," copies of Applicant's JUS-TOB9, JUS-TOB10, or JUS-TOB11 are attached as Exhibit _____ / WAIVERS.

If Applicant answered "No" to question VIII.A, attach a fully executed California Tobacco Manufacturer and Importer Surety Bond (JUS-TOB14 (Rev. 10/2011)) Exhibit _____ / BOND.

- B. Amount of Applicant's surety bond for the benefit of California _____.
- C. Name of bond company: _____
- D. A letter from Applicant's bond company dated this calendar year confirming that the attached surety bond remains in place is attached as Exhibit _____ / BOND LETTER.

Section VII: PACT Act Compliance

- A. Has Applicant registered with the Federal Bureau of Alcohol, Tobacco, and Firearms ("ATF") ATF under the Prevent All Cigarette Trafficking Act, 15 U.S.C. §§ 375-378 ("PACT Act")? **No** **Yes**
- B. Has Applicant registered with the California Department of Tax and Fee Administration ("CDTFA") under the PACT Act? **No** **Yes**
- ~~C. During the past sixteen (16) months, did Applicant sell, transfer, or ship Cigarettes into California or between points in California through any Indian Country? **No** **Yes**~~
- ~~C. D. During the past sixteen (16) months, did Applicant file PACT Act reports with CDTFA? **N/A** **No** **Yes**~~
- ~~E. Identify all entities that sold, transferred, or shipped any Cigarettes Fabricated by Applicant or Applicant's Affiliates into California or between points in California through any Indian Country during the past sixteen (16) months.~~



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_____(Alternatively, Applicant's response is attached as Exhibit _____ / SHIPPER(S))

F. _____ Does Applicant anticipate that any additional entities will sell, transfer, or ship any Cigarettes fabricated by Applicant or Applicant's Affiliates into California or between points in California through any Indian Country during the next twelve (12) months?

Section VIII: Federal Excise Tax

A. How many entities paid or will pay federal excise tax on any of the Cigarette Brand Styles listed on Exhibit B / Brand List (JUS-TOB15 (Rev. 09/2020 Rev. 03/2021)) for the preceding calendar year?

B. Identify all entities that paid or will pay federal excise tax on any of the Cigarette Brand Styles listed on Exhibit B / Brand List (JUS-TOB15 (Rev. 09/2020 Rev. 03/2021)) during the preceding calendar year.

C. Applicant has provided the Office of the Attorney General with:

- copies of all tax returns reflecting all of the federal excise tax paid on all of the Cigarettes Brand Styles listed on Exhibit B / Brand List (JUS-TOB15 (Rev. 09/2020 Rev. 03/2021)) during the preceding calendar year; or
- written consent to obtain all tax returns reflecting all of the federal excise tax paid on all of the Cigarettes Brand Styles listed on Exhibit B / Brand List (JUS-TOB15 (Rev. 09/2020 Rev. 03/2021)) during the preceding calendar year.

Section IX: Cigarette Fire Safety Standard Compliance

For each Brand Style that Applicant seeks to list on the California Tobacco Directory, all letters and supporting documentation establishing compliance with the California Cigarette Fire Safety and Firefighter Protection Act, Health and Safety Code sections 14950-14959, are attached as Exhibit _____ / FIRE STANDARD COMPLIANT.

Section X: Packaging or Labeling

For each Brand Style that Applicant seeks to list on the California Tobacco Directory:

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- Electronic copies of all packaging or labeling that was not previously provided to the Office of the Attorney General are attached as Exhibit _____ / PACKAGING. Do not submit actual packaging or labeling; or
- Applicant certifies that: none of its packaging has changed since Applicant's last submission to Office of the Attorney General; and the Office of the Attorney General has received electronic copies of all of Applicant's current packaging.

The Office of the Attorney General is not approving Applicant's packaging through the Directory certification process.

Section XI: Federal Trade Commission Rotation Plan Compliance

For each Brand Style that Applicant seeks to list on the California Tobacco Directory, copies of the complete and unredacted warning rotation plan(s) submitted to the Federal Trade Commission ("FTC") pursuant to 15 U.S.C. § 1333 and the FTC's current approval letter for each Brand Family are attached as Exhibit _____ / FTC APPLICATIONS.

Section XII: FDA Compliance

- A. Has the United States Food and Drug Administration ("FDA") determined that any Brand Style of Cigarettes on Exhibit B / Brand List (JUS-TOB 15 (~~Rev. 09/2020~~ Rev. 03/2021)) is not currently lawful for sale in the United States, including but not limited to not compliant with Substantial Equivalence under section 905(j) of the Federal Food, Drug and Cosmetic Act? **No** **Yes**
- B. Has FDA issued a finding or otherwise advised Applicant that any Brand Style of Cigarettes on Exhibit B / Brand List (JUS-TOB 15 (~~Rev. 09/2020~~ Rev. 03/2021)) may not be lawful for sale in the United States, including but not limited to compliance with Substantial Equivalence under section 905(j) of the Federal Food, Drug and Cosmetic Act? **No** **Yes**
- C. Applicant will notify the Office of the Attorney General within five (5) business days if the FDA or any other federal or state agency finds or issues a statement that any Brand Style addressed by this certification is no longer lawful for sale in the United States or California. **No** **Yes**

Section XIII: Department of Health and Human Services Ingredient Compliance

For each Brand Style that Applicant seeks to list on the California Tobacco Directory, copies of the current documentation from the Department of Health and Human Services establishing compliance with 15 U.S.C. § 1333a is attached as Exhibit _____ / DHHS INGREDIENT.

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Section XIV: Additional Questions

- A. Has Applicant's business structure or owners changed since Applicant's last Certification Seeking Listing on the California Tobacco Directory (JUS-TOB1) (~~Rev. 09/2020~~ Rev. 03/2021)? **No** **Yes**
- B. Does Applicant or any of Applicant's Domestic Affiliates have any contract or other agreement with any Non-Participating Manufacturer? **No** **Yes**
- C. Is Applicant or any of Applicant's Domestic Affiliates prohibited, enjoined, or banned from selling any Cigarettes in any state or in the United States by any court order, administrative forum, or state or federal agency order, ruling, or other determination? **No** **Yes**
- D. Does any state or the United States government have any unsatisfied judgment against Applicant or any of Applicant's Domestic Affiliates? **No** **Yes**
- E. During the past five (5) years, has Applicant or any of Applicant's Domestic Affiliates been named as a party in a criminal or civil proceeding related to the manufacturing or distribution of Cigarettes in the United States or any state? **No** **Yes**
- F. During the past five (5) years (since 2021), has Applicant withdrawn any certification or other application seeking listing on a state's tobacco directory before the state rendered a decision on any portion of the certification or application? **No** **Yes**

If Applicant answered "Yes" to any of questions A-F above, a narrative that fully explains Applicant's answer(s) is attached as Exhibit _____. Applicant's response shall contain, at least, the names of the states, dates, years, Brand Families, Persons, case names and numbers involved, and/or dates the ownership or business structure change became effective.

- G. During the past five (5) years (since 2021), has any state denied any part of a certification by Applicant seeking listing on any state's tobacco directory? **No** **Yes**

If Applicant answered "Yes", attach a narrative that includes the state(s), year(s) and attach a copy of the letter(s) or notice(s) of denial. Exhibit _____.

- H. Has any of Applicant's owners or officers, or the officers or owners of Applicant's Domestic Affiliates ever been an owner or officer of another tobacco company that a state contends did not make the escrow deposits required by a state's Reserve Fund Statute? **No** **Yes**

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If Applicant answered "Yes," attach a narrative that fully explains Applicant's answer, including but not limited to the owner(s) or officer(s) and the companies and states(s) involved is attached as Exhibit _____.

- I. Over the past three (3) years, has Applicant's average annual gross receipts totaled less than fifteen million dollars (\$15,000,000)? The scope of this question is not limited to gross receipts from Cigarette sales. **No** **Yes**
- J. Does Applicant have more than one hundred employees? **No** **Yes**
- K. Is Applicant a federally recognized tribe? **No** **Yes**
- L. Is Applicant a corporation formed under tribal law? **No** **Yes**
- M. Is Applicant affiliated with any tribe? **No** **Yes**
- N. Is Applicant's facility or business located on tribal land? **No** **Yes**

Section XV: Exhibits

All exhibits in support of this certification are hereby incorporated by reference.

No **Yes**

I have carefully reviewed all of the exhibits in support of Applicant's certification and they are, to the best of Applicant's knowledge, true, correct, and complete. **No** **Yes**

All exhibits in support of this certification shall be identified, organized, and ordered by alphabetical designation.

Exhibit A shall be an index that lists and identifies all of the exhibits in support of this certification. The first column must list all exhibits by their alphabetical designation in alphabetical order. The second column must provide a brief description of each exhibit. California predesignated several brief exhibit descriptions, which appear in this certification in all capitals following blank spaces where Applicant enters alphabetical designations for the exhibits in support of this certification. For example, on page five (5) of this certification, the brief exhibit description for Applicant's CDTFA manufacturers license is "CDTFA LICENSE" and appears on the certification as "Exhibit _____ / CDTFA LICENSE." Thus, Applicant shall use "CDTFA LICENSE" as the predesignated brief exhibit description in Applicant's exhibit index. Conversely, the exhibits in support of Applicant's responses to section XVI, if any, do not have predesignated brief exhibit descriptions and Applicant may choose their own brief descriptions for these exhibits.



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If Applicant is submitting both Paper Exhibits and Electronic Exhibits, Exhibit A shall contain a third column reflecting whether each exhibit is submitted as a Paper Exhibit or Electronic Exhibit.

Exhibit B must be an Excel copy of Brand List (JUS-TOB15 (Rev. 09/2020 Rev. 03/2021)).

Except for Exhibit A and Exhibit B, Applicant may choose the alphabetical designations for the exhibits in support of this certification. Applicant may not skip or duplicate any letters.

Each Paper Exhibit shall be separated by a hard 8 1/2 x 11 sheet with hard paper or plastic tabs extending below the bottom of the page bearing the exhibit alphabetical designation.

Electronic Exhibits must be delivered in a format that displays each exhibit's alphabetical designation and a brief description of each exhibit.

Section XVI: Signature

I understand that the Office of the Attorney General may require additional information and/or documentation to establish eligibility for listing on the California Tobacco Directory.

I understand that California regulations require that this certification be signed by a qualified company officer or other such individual authorized to bind Applicant. I am an officer authorized by Applicant to legally bind Applicant under the law of the State of California and I hereby bind Applicant.

I declare, under the penalty of perjury, that all of the statements and information contained in this certification, including but not limited to attachments and accompanying statements, are true, correct, accurate, and complete.

PM

SIGNATURE OF AUTHORIZED AGENT FOR PM: _____

NAME OF AUTHORIZED AGENT FOR PM: _____

TITLE: _____

DATE: _____

To be completed by a notary public

A notary public verifies only the identity of the individual who signed the document to which this certificate is attached, not the truthfulness, accuracy, or validity of that document.



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On _____, before me, _____
personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s)
is/are subscribed to the within instrument and acknowledged to me that he/she/they executed
the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the
instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the
instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the
foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____

(Seal)