



CERTIFICATION OF COMPLIANCE AND AFFIDAVIT BY NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER

JUS-TOB3 (Rev. 11/2021)

PART 1: NON-PARTICIPATING MANUFACTURER (“NPM”)

Name: _____

Telephone Number: _____

Email Address: _____

Address: _____

PART 2: ESCROW DEPOSITED FOR THE BENEFIT OF CALIFORNIA

_____ **Sales Year**, as defined by Title 11, California Code of Regulations Section 999.10(b)(39).

_____ **Quarter**, as defined by Title 11, California Code of Regulations Section 999.10(b)(35).

_____ **Units Sold certified**, which is the total number of NPM's Cigarettes, as defined by subdivision (d) of Health and Safety Code section 104556 and includes Roll-Your-Own tobacco, sold in California during the period reported that are Units Sold, as defined by subdivision (j) of Health and Safety Code section 104556.

_____ **Escrow rate** required by Health and Safety Code section 104557.

_____ **Amount of Qualified Escrow Principal** deposited into a Qualified Escrow Fund, as defined by Title 11, California Code of Regulations Section 999.10(b)(33) for the benefit of California.

_____ **Deposit Dates(s)** as defined by Title 11, California Code of Regulations Section 999.10(b)(7).

Attach documentation from the Escrow Agent, as defined by Title 11, California Code of Regulations Section 999.10(b)(9), confirming the deposit of Qualified Escrow Principal.

PART 3: ESCROW AGENT

NPM last executed California's Approved Tobacco Escrow Agreement on or about _____ (“Execution Date”). (If the first page and the signature page(s) of the Approved Tobacco Escrow Agreement do not match, Applicant shall use the date on the first page of its Approved Tobacco Escrow Agreement.) Since the Execution

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Date, has NPM or any other person modified or amended any terms or conditions in California's Approved Tobacco Escrow Agreement? **Yes** **No**

Name of Financial Institution: _____

Escrow Agent: _____

Telephone Number: _____

Email Address: _____

Mailing Address: _____

Escrow Account Number: _____

California Sub-Account Number(s): _____

PART 4: MINIMUM ESCROW PRINCIPAL ON DEPOSIT FOR THE BENEFIT OF CALIFORNIA

Pursuant to the terms and conditions in the Approved Tobacco Escrow Agreement that _____ (NPM Name) executed on or about the Execution Date above, after making the deposit of Qualified Escrow Principal addressed by this certification, the Minimum Qualified Escrow Fund Principal On-Deposit for the benefit of California, as defined by at least Sections 2.H, 2.K, 2.R, 2.U of the Approved Tobacco Escrow Agreement, is now _____.

PART 5: STATUS OF NPM'S MOST RECENT NON-PARTICIPATING MANUFACTURER CERTIFICATION SEEKING LISTING ON THE CALIFORNIA TOBACCO DIRECTORY (JUS-TOB5)

After carefully reviewing the most recent NON-PARTICIPATING MANUFACTURER CERTIFICATION SEEKING LISTING ON THE CALIFORNIA TOBACCO DIRECTORY (JUS-TOB5) submitted by NPM, I have determined that all the information therein is still current, complete, and accurate, and NPM is not otherwise required to file a supplemental JUS-TOB5 under Title 11, California Code of Regulations Section 999.17.

Yes **No**

If you answered "No," file a supplemental JUS-TOB5 pursuant to Title 11, California Code of Regulations Section 999.17.

Submit this form to Office of the Attorney General, Tobacco Unit, 1300 I Street, Suite 125, Sacramento, CA 95814.



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Deposit Type	Escrow Deposit Deadline	This Form and CIG-Sales JUS-TOB4 Submitted by
First Quarter (Jan-Mar)	April 21	April 30
Second Quarter (Apr-Jun)	July 21	July 30
Third Quarter (July-Sept)	October 21	October 30
Fourth Quarter (Oct-Dec)	January 21	January 30
Supplemental(s)	Within fifteen (15) days after NPM determines that additional escrow must be deposited under Health and Safety Code sections 104555-104557 or by the date required by California, whichever occurs first.	Nine (9) days after the supplemental deposit

PART SIX: SIGNATURES

NPM

SIGNATURE OF AUTHORIZED AGENT FOR NPM: _____

NAME OF AUTHORIZED AGENT FOR NPM: _____

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.

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.



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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)