

2009 - Maine's Quarterly Tobacco Product Manufacturer Certificate of Compliance

[Failure to fill out this form completely may result in delay or denial of certification]

PART 1: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

Company Name		
Physical Address		
Mailing Address (if different)		
Website (if any)		
Physical Address of all Factories/Plants at which Products are Fabricated		
Telephone Number	Fax Number	E-mail Address
Name/Title of Person Completing Report		
Name of any manufacturer with whom the applicant has an agreement or contract regarding fabrication of tobacco products		

A. This Quarterly Certification and Filing Deadlines are for the following period (check one):

- | | | |
|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> January 1 – March 31, 2009
⇨ Deposit to Maine sub-account deadline: April 30, 2009
⇨ amount deposited \$ _____ date _____. | <input type="checkbox"/> Original | <input type="checkbox"/> Amended |
| <input type="checkbox"/> April 1 – June 30, 2009
⇨ Deposit to Maine sub-account deadline: July 30, 2009
⇨ amount deposited \$ _____ date _____. | <input type="checkbox"/> Original | <input type="checkbox"/> Amended |
| <input type="checkbox"/> July 1 – September 30, 2009
⇨ Deposit to Maine sub-account deadline: October 31, 2009
⇨ amount deposited \$ _____ date _____. | <input type="checkbox"/> Original | <input type="checkbox"/> Amended |
| <input type="checkbox"/> October 1 – December 31, 2009
⇨ Deposit to Maine sub-account deadline: January 30, 2010
⇨ amount deposited \$ _____ date _____. | <input type="checkbox"/> Original | <input type="checkbox"/> Amended |

Note: The Attorney General's Office will not process incomplete or illegible certifications.

PART 2: BRAND FAMILY IDENTIFICATION (ATTACH ADDITIONAL SHEETS IF NECESSARY)

The non-participating manufacturer identified in Part 1 has the following brand families¹, each of which the manufacturer affirms are to be deemed its cigarettes for purposes of 22 M.R.S.A. §§ 1580-G, *et seq.*

Brand Family	Units Sold This Quarter:

PART 3: AGENT/DISTRIBUTOR INFORMATION

Answer all of the following questions:

- A. The registered agent identified on this TPM’s most recent annual certification continues to be the registered agent for this TPM. Yes No
- B. The financial institution information provided on this TPM’s most recent annual certification remains accurate. Yes No
- C. The escrow agreement provided with this TPM’s most recent annual certification remains in force and unchanged. Yes No
- D. If the answer to **A**, **B** and/or **C** above is No, explain and provide supporting documentation. _____

E. Stamping Agents/Distributors

Complete this section for each stamping agent/distributor selling manufacturer’s product in Maine.

Distributor	Distributor Address	Brand

¹ You must list all brand families, not only those brand families sold in Maine. Indicate with an asterisk (*) those brand families that were not be sold in Maine. Attach an additional sheet if necessary.

PART 4: EXECUTION BY AUTHORIZED DESIGNEE

Under penalty of perjury, I state that the information contained in this Certification, including but not limited to any accompanying statements or attachments, is true and accurate, and that I am a person authorized to bind the tobacco product manufacturer making this Certification under both the laws of the State of Maine and of the jurisdictions where the tobacco product manufacturer is organized and where the tobacco product manufacturer conducts business.

sign

here ►

Designee (Print Name)

Title

Signature of Designee

Date

Subscribed and sworn to before me on this date: _____

Signature of Notary Public: _____

County of _____

My Commission Expires: _____

Mail the completed certificate of compliance to:

Maine Office of Attorney General
6 State House Station
Augusta, Maine 04333-0006
Attention: Jennifer Willis