



2026 PARTICIPATING MANUFACTURER'S ANNUAL CERTIFICATION FORM FOR THE STATE OF NORTH CAROLINA

[Pursuant to N.C. Gen. Stat. §66-294(a)]

CERTIFICATION FOR SALES YEAR 2025

INSTRUCTIONS

- **NEW FOR 2026:** This is now a .pdf fillable form. All forms must be typed or handwritten in print format.
- **SUBMISSION:** All Annual and Supplemental Brand Certifications must be submitted via email (nctobacco@ncdoj.gov) or CertiVault only.
- **NEW EMAIL ADDRESS FOR SUBMISSION:** All applications, unless submitted via CertiVault, and additional documentation are to be emailed to the new email address: nctobacco@ncdoj.gov
- **ALL ADDITIONAL DOCUMENTATION** must be submitted as separate exhibit documents named with the corresponding section number/letter.
- **FILING DEADLINE:** Certification Forms must be emailed or submitted no later than **April 30, 2026**, to avoid removal from the North Carolina Tobacco Directory.

NOTICES

- North Carolina General Statute § 66-294(a) requires participating manufacturers to submit a list of all the manufacturer's brand families to the Office of the Attorney General by April 30th of each year to avoid removal from the North Carolina Tobacco Directory. If there is a change in information at any time during the year, the participating manufacturer must notify the Office of the Attorney General thirty (30) days prior to that change.
- **IT IS THE OBLIGATION OF THE PERSON COMPLETING THIS APPLICATION TO ENSURE THE FORM IS COMPLETE AND LEGIBLE. INCOMPLETE OR ILLEGIBLE CERTIFICATION APPLICATIONS WILL BE RETURNED.**
- If you have any questions or need additional information, please contact the Tobacco Unit at nctobacco@ncdoj.gov

Type of Certification (check one):

☐

Initial Certification – Applicant is not currently listed on the North Carolina Tobacco Directory

☐

Annual Certification – Due April 30, 2026

☐

Supplemental Certification – Change of information provided to the Attorney General or request to add (or delete) brands to the North Carolina Tobacco Directory

Part 1: Company Information

Company Name:

Mailing Address:

Street Address (if different from mailing address):

Name of person completing the application:

Name of contact person (if different from above):

Telephone Number:

Fax Number:

Email Address:

If represented by an Attorney:

Attorneys Name, Firm Name:

Mailing Address:

Telephone Number:

Fax No:

Email Address:

Part 2: Manufacturing Facility Information

Name of Manufacturing Facility (if different from above):

Physical Address:

Name of Contact Person:

Email:

Phone:

Part 3: License and Permit Information

ATF (TTB) Tobacco Permit Number:

☐ N/A

If located in U.S., Manufacturer's Federal Taxpay ID Number:

☐ N/A

Are All Distributor/Wholesalers in compliance with NC DOR licensing requirements?

☐ Yes ☐ No

If you have questions, call NC DOR 919-707-7500

ATTACH copies of all applicable permits or licenses

☐ Completed

Part 4: Organizational Documents and Other Information

1. **Company Officers/Owners:** **ATTACH** a list of all company officers and company owners. Include name, address, phone number, and email address for each officer/owner.

☐ Completed

2. **Affiliates:** **ATTACH** a list of all company affiliates that also manufactures, imports, distributes, or sells cigarettes or RYO. Include the name, address, phone number, and contact information for each affiliate.

☐ Completed

Part 5: Brand and Distributor Information

1. Using **Attachment 1**:

☐ Completed

- a) List all brands and styles Applicant seeks to certify for the current sales year
- b) Indicate whether any brand family is RYO
- c) Identify any brands Applicant is requesting to be deleted or added to North Carolina's Directory
- d) Indicate the number of units sold in the prior year

2. **Current Trademark Holder:** Include the name and address of the current trademark holder for the brand(s) in this application and, if the Applicant is not the trademark owner, provide documentation showing that the Applicant has the exclusive U.S. right to use the brand(s) and is in compliance with all intellectual property law.

ATTACH: a current copy from United States Patents Trademark Office, Trademark Center (<https://trademarkcenter.uspto.gov/>) of the trademark registration or other documentation showing compliance with intellectual property laws (See N.C. Gen. Stat. §14-401.18)

☐ Completed

3. **Sample Packaging:** Provide an electronic sample of the packaging (pack and carton) for each style of the Brand of cigarettes listed in your application. (See N.C. Gen. Stat. §14-401.18)

☐ Completed

4. **UPC Codes:** Provide a current listing of all UPC codes of cigarettes and RYO products that are manufactured by your company

☐ Completed

Part 6: Additional Documentation for Cigarette Brands

- | | |
|--|------------------------------------|
| 1. Federal Trade Commission (“FTC”): <i>Cigarettes Only</i> - Attach a copy of the FTC’s written approval of the Applicant’s current Cigarette Health Warning Rotation Plan for each brand which Applicant seeks to certify in this application. | <input type="checkbox"/> Completed |
| 2. Centers for Disease Control (“CDC”): <i>Cigarettes Only</i> - For each brand family, list the name and address of the entity that submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act. Attach a current copy of the Certificates of Compliance received from the U.S. Secretary of Health and Human Services for Applicant’s annual ingredient report and submission cover letter listing brands which Applicant seeks to certify in this application. | <input type="checkbox"/> Completed |
| 3. Fire Standard Compliance (“FSC”): <i>Cigarettes Only</i> - For each brand family, please attach a letter from the North Carolina Fire Marshal’s Office indicating that the brands and styles of each brand for which the Applicant seeks certification are FSC Compliant. | <input type="checkbox"/> Completed |
| 4. Resolve Discrepancies: IMPORTANT: Review your FTC approval letter, the CDC letter, and the FSC list and if there is not a direct name match between the brand families or styles listed in these documents, then explain the discrepancy and how the discrepancy will be or has been resolved. Examples of discrepancies: a brand style in the FTC letter is not listed in the FSC list or there are name variations between styles in the FTC letter and the FSC list. | <input type="checkbox"/> Completed |

Part 7: TPM’s Disclosures Concerning Compliance History and Brand Compliance

- | | |
|---|--|
| 1. Does any state have pending litigation against, or an unsatisfied judgment against the participating manufacturer or any affiliate thereof for escrow or penalties related to noncompliance with the state’s laws? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the participating manufacturer sell its cigarettes or tobacco products directly to consumers via remote or other non-face-to-face means? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has a state or federal court, or a state or federal agency, determined that the participating manufacturer has violated any tobacco tax or tobacco control law or engaged in unfair business practice or unfair competition? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has the participating manufacturer failed to submit or complete any required forms, documents, certifications, or notices in a timely manner, or to the satisfaction of the Attorney General? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. Has the participating manufacturer delivered or sold unlisted Brands into North Carolina directly, or indirectly through distributors, wholesalers, affiliate businesses, the internet, or any other means?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the participating manufacturer advertised or sold Cigarettes/RYO via the Internet or in catalogs and/or used the mail or other delivery service to deliver Cigarettes/RYO to North Carolina consumers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the participating manufacturer intend to advertise or sell Cigarettes/RYO via the Internet or in catalogs and/or use the mail or other delivery service to deliver Cigarettes/RYO to North Carolina consumers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the participating manufacturer sell Cigarettes/RYO onto or through a Stamping Agent or Distributor who sells the Cigarettes/RYO onto an Indian Reservation located in North Carolina?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. For each "YES" answer above on questions 1-8, attach documentation explaining the circumstances and, where applicable, how/if the matter was resolved.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
10. Is Applicant in compliance with the Federal Family Smoking Prevention and Tobacco Control Act (Public Law 111-31), including Section 907(a)(1)(A), which bans the sale of all flavored cigarettes? If the answer is "NO," attach documentation explaining the circumstances.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/> N/A
11. Does Applicant advertise via an internet website, other social media, catalogs, or other print media?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. If yes to preceding question, has applicant provided notice to the FDA pursuant to 21 C.F.R. Part 1140.30?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 8: AFFIDAVIT

Under penalty of falsification, I state that the tobacco product manufacturer, _____, as of the date below, is a participating manufacturer in full compliance with all applicable sections of Chapter 66, Article 37 of the North Carolina General Statutes, and all requirements of the Master Settlement Agreement. I affirm that the list of Brand Families provided to the North Carolina Attorney General's Office is deemed to be the cigarettes of the named Tobacco Product Manufacturer for purposes of calculating its payments under the Master Settlement Agreement for the relevant year.

By executing this document, I confirm that I am a qualified company officer authorized to bind the company, _____, and to certify that it meets the foregoing requirements.

I understand that the Attorney General may require additional information and/or documentation to determine if the manufacturer's brand families qualify for listing on the North Carolina Tobacco Directory.

I have examined the documentation and attachments submitted by _____ to the North Carolina Attorney General's Office for the North Carolina Participating Manufacturer's Brand Certification, and to the best of my knowledge and belief, the materials are true, correct, and complete, including certifications of compliance with state and federal laws concerning the sale of tobacco products. By signing this affidavit on behalf of the manufacturer, I understand that the company is required to comply with all state and federal laws concerning the sale of tobacco products.

**THIS APPLICATION FOR CERTIFICATION MUST BE SIGNED AND DATED BEFORE A
NOTARY PUBLIC**

Affiant's Signature

Print Name

Dated: _____, 20__

State of _____

County of _____

Sworn to and subscribed before me on this ____ day of _____, 20__

Notary Public

Print Name (SEAL)

My commission expires: _____

ATTACHMENT 1 to Part 5, Question 1

TPM Name: _____

BRAND IDENTIFICATION:

[illegible]

* **A= Add a Brand; R= Retain as a Listed Brand; D= Delete a Brand** (Copy and attach if additional space required)