



**STATE OF SOUTH CAROLINA
TOBACCO PRODUCT MANUFACTURER CERTIFICATE OF COMPLIANCE**

[Pursuant to S.C. Code Ann. §§11-47-10 to -30, and §§11-48-10 to -110]

**2024 PARTICIPATING MANUFACTURER APPLICATION FOR
CERTIFICATION FORM**

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| <p>FILING DEADLINE is April 30, 2024. Certification Forms must be postmarked no later than April 30, 2024 to avoid removal from the South Carolina Tobacco Directory.</p> <p>The Attorney General’s Office will not process incomplete or illegible Certification Forms.</p> <p>The denial of a certification, removal of the Applicant or its brands from any other state’s tobacco directory, or failure to notify the South Carolina Attorney General’s Office of same, may, in the Attorney General’s sole discretion, result in denial of this certification or immediate removal from the South Carolina Tobacco Directory at any time.</p> <p>NOTE: The Affidavit of Tobacco Product Manufacturer with an original signatures of both the Affiant and Notary are to be mailed to the South Carolina Office of the Attorney General.</p> <p>Please refer any questions to the Office of the Attorney General Tobacco Unit at (803) 734-9927</p> | <p>Mail this completed Certificate of Compliance and attachments to:</p> <p>SC Office of the Attorney General Tobacco Unit P.O. Box 11549 Columbia, SC 29211</p> |
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PART 1: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

A. Type of Certification (check one):

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|-----------------------|----------------------|----------------------------|
| Initial Certification | Annual Certification | Supplemental Certification |
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B. Company Information:

Applicant Company Name: _____

Mailing Address: _____

| | | | |
|--------|--------|------|----------|
| City: | State: | Zip: | Country: |
| Phone: | Email: | | |

Name of Person Completing Certification: _____

Name of Contact Person (if different from above): _____

| C. Manufacturing Facility Information: | | | |
|-----------------------------------------------------------|--------|--------|----------|
| Name of Manufacturing Facility (if different from above): | | | |
| Physical Address: | | | |
| City: | State: | Zip: | Country: |
| Phone: | | Email: | |
| Name of Factory Manager(s): | | | |

| D. Licenses and Permits: | |
|---------------------------------------------------------------------------|----------|
| TTB Permit Number: | Expires: |
| Please indicate if TTB Permit was obtained as a manufacturer or importer: | |
| Name of Any other Foreign Manufacturer Permit or License: | Expires: |
| Copy of Above Applicable Permit(s) Attached YES NO | |

| E. Attorney Information: | | |
|---------------------------------|--------|--------|
| Attorney Name, if applicable: | | |
| Firm Name: | | |
| Firm Mailing Address: | | |
| City: | State: | Zip: |
| Phone: | | Email: |

| F. Organizational Documents: | | |
|-------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provided | N/A | Attach the following documents or information: |
| | | Company Officers/Owners: Provide a list of all company officers and company owners (all persons with an equity interest of 10% or more in the company). Include name, address, phone number, and email address. |
| | | Affiliates: Provide a list of all company affiliates pursuant to S.C. Code Ann. §11-47-20(b) that also manufactures, imports, distributes, or sells cigarettes or RYO. Include the name, address, and contact information for each affiliate. |
| | | Master Settlement Agreement: Please indicate the date the Applicant became a Participating Manufacturer as defined in Section II (jj) of the Master Settlement Agreement _____ (Date) |

| PART 2: BRAND FAMILIES | | |
|---------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Tobacco Brand Documentation: | | |
| Provided | N/A | Please attach documentation, which provides the following information: |
| | | Brand Names: List all brands Applicant seeks to certify for the current sales year. |
| | | Cigarette or RYO: Indicate whether the brand family is a rolled cigarette or RYO tobacco. |
| | | Sample Packaging: Please provide a digital sample of relevant tobacco product packaging. |
| | | UPC Codes: Please provide a current listing of all UPC codes of cigarettes and RYO products that are manufactured by your company. |
| | | Current Trademark Holder: Include the name and address of the current trademark holder. Please include a certified copy of the current trademark. |
| | | Prior Trademark Holder: Include the name and address of all prior trademark holders. |
| | | Identify Wholesalers and Distributors to Whom Cigarettes were Sold for Distribution in the State of South Carolina: List wholesaler/distributor, address, telephone number, and email address. |

| B. Additional Documentation: | | |
|------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provided | N/A | Attach the following documents or information, which will not apply to RYO tobacco: |
| | | Federal Trade Commission (“FTC”): Attach the FTC’s written approval of the Applicant’s current Cigarette Health Warning Rotation Plan. <i>Cigarettes Only.</i> |
| | | Centers for Disease Control: 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 for review. <i>Cigarettes Only.</i> |
| | | Fire Standard Compliance (“FSC”): For each brand family, please attach a letter from the South Carolina Fire Marshal’s Office indicating that the brands for which the Applicant seeks certification are FSC Compliant. <i>Cigarettes Only.</i> |

| PART 3: PACT ACT COMPLIANCE | | |
|-----------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provided | N/A | |
| | | Applicant has registered with the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) and the South Carolina Department of Revenue. Attach a copy of the Applicant’s PACT Act Registration filed with the ATF and the South Carolina Department of Revenue. |
| | | The Applicant certifies that it is in compliance with all reporting obligations to the State of South Carolina. |
| | | The Applicant does not ship tobacco products directly into the State of South Carolina. |

| PART 4: DISCLOSURES | | | |
|------------------------------------------|----|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YES | NO | N/A | Check Yes, No, or Not Applicable (“NA”) as appropriate to ALL questions. Provide additional information where requested. |
| Operational Disclosures | | | |
| | | | A. Applicant sold cigarettes (including RYO) in South Carolina in the preceding calendar year. |
| | | | B. Applicant sells cigarettes via the internet or in catalogs and uses the mail or other delivery service to deliver cigarettes to South Carolina consumers. |
| | | | C. Applicant advertises via an internet website, other social media, catalogs, or other print media. If yes, Applicant has provided notice to the FDA pursuant to 21 C.F.R. Part 1140.30. |
| | | | D. Applicant is selling only Fire Standards Compliant cigarettes into South Carolina. |
| | | | E. Applicant is 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. |
| Administrative and Directory Disclosures | | | |
| | | | F. Applicant or any person or Affiliate listed in the certification has been denied a permit, license or other authorization to engage in any business relating to the sale of tobacco by any government entity (federal, state, local, foreign) or had such permit revoked, suspended or otherwise terminated. If yes, please provide details. |
| | | | G. A state or federal court has obtained a court judgment or administrative order against the Applicant relating to the brand families listed in this certification. If yes, please attach a list of the location, case number, and date of the judgment or order. |
| | | | H. Applicant or one of its brand families listed in the certification was previously denied listing on the South Carolina Tobacco Directory or any other state, or was removed from the South Carolina Tobacco Directory or any other state. |
| | | | I. Applicant is enjoined or banned from selling any cigarettes by court order, state or federal agency ruling or determination. |
| Civil and Criminal Action Disclosures | | | |
| | | | J. A state or federal court has entered a judgment finding that the Applicant engaged in an unfair business practice or unfair competition relating to the sale of tobacco products. |
| | | | K. As of the date of this certification, Applicant has satisfied all court judgments and orders to pay penalties in any state or federal court. |
| | | | L. Applicant or any person or Affiliate listed in the certification has been indicted or convicted of a crime under federal, state, or foreign laws in connection with the sale of cigarettes or RYO. If yes, please provide details, including case and/or docket number. |

PART 5: AFFIDAVIT OF TOBACCO PRODUCT MANUFACTURER

Under penalty of falsification, I state that the tobacco product manufacturer named herein, as of the date of the certification, is a participating manufacturer in full compliance with all applicable sections of Title 11, Chapters 47 and 48 of the South Carolina Code, any regulations promulgated thereto, and all requirements of the Master Settlement Agreement.

I understand that this certification must be signed by a qualified company officer authorized to bind the applicant company. My position with the company and my actual authority to certify on behalf of the applicant meets the foregoing requirements.

I understand that the Attorney General may require additional information and/or documentation to determine if applicant qualifies for listing on the South Carolina Tobacco Directory.

I have examined this certification, including attachments and supporting documents and, to the best of my knowledge and belief, this certification, including attachments and supporting documents, is true, correct, and complete.

By signing this affidavit on behalf of the Applicant company, 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

(Print Name)

Dated: _____, 2024

Sworn to and subscribed before me on this ___ day of _____, 2024.

Notary Public

(SEAL)

(Print Name)

My commission expires: _____