

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Office of the Chief Financial Officer**



**ANNUAL TOBACCO PRODUCT MANUFACTURER CERTIFICATION**  
**(See Instructions)**

**Part 1: Tobacco Product Manufacturer Identification**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Country, ZIP: \_\_\_\_\_

Name/Title of Person Completing Certification: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

As of the date of this Certification, the Tobacco Product Manufacturer identified above is: (*check one*)

\_\_\_\_ a Participating Manufacturer under the Master Settlement Agreement.

\_\_\_\_ a Non-participating Manufacturer in full compliance with the Model Act.

**Part 2: Sales Year**

The Sales Year for this Certification is: \_\_\_\_\_

*(Note: the Sales Year is the calendar year preceding the year in which the Certification is due. Complete a separate Certification for each Sales Year.)*

**Part 3: Brand Family Identification**

All Tobacco Product Manufacturers must complete column A. Only Non-participating Manufacturers must complete column B. Attach additional sheets if necessary.

A. Brand Family	B. Number of Units Sold During Sales Year (Non-participating manufacturers only)

Non-participating Manufacturers (only): In column A above, indicate with an asterisk any Brand Family that is no longer sold as of the date of this Certification.

If there has been another manufacturer during the preceding or current calendar year for any Brand Family listed above, list the Brand Family below and state the other manufacturer's name and address. Attach additional sheets if necessary.

A. Brand Family	B. Other Manufacturer's Name	C. Other Manufacturer's Address

**Part 4: Non-participating Manufacturer Certification**

**A. D.C. Registration and/or Agent for Service of Process**

Is the Non-participating Manufacturer registered to do business in the District of Columbia as a foreign corporation or business entity? (Yes or No) \_\_\_\_\_

If so, state the most recent date of registration: \_\_\_\_\_

Is this registration current as of the date of this Certification? (Yes or No) \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

If the Non-participating Manufacturer is not registered to do business in the District of Columbia, attach a letter or other written documentation from the agent for service of process confirming that it will accept service of process for the manufacturer.

**B. Qualified Escrow Fund - Financial Institution**

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Representative Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Escrow Account Number: \_\_\_\_\_

D.C. Sub-account Number (if any): \_\_\_\_\_

Attach to this Certification a copy of each escrow agreement governing the Qualified Escrow Fund at any time during the preceding or current calendar year, unless a copy of the escrow agreement was attached to a previous Certification. Indicate on each copy the start and end (if applicable) of the time period during which the escrow agreement was in effect.

**C. Escrow Deposits – Preceding and Current Calendar Years**

State the total amount placed in a Qualified Escrow Fund during preceding calendar year:

\_\_\_\_\_

State the total amount placed in a Qualified Escrow Fund during the current calendar year (to date):

\_\_\_\_\_

Listing of Escrow Deposits During Preceding and Current Calendar Years  
(Attach additional sheets if necessary)

Date	Amount Deposited	Amount Withdrawn or Transferred	Balance in Escrow after Deposit

For each escrow deposit listed above, attach a statement from the financial institution showing that the deposit was made.

**D. Complete History of Escrow Withdrawals/Transfers**

*(Attach additional sheets if necessary)*

Date	Amount Withdrawn or Transferred	Explanation of Withdrawal or Transfer

**Part 5. Execution by Authorized Representative**

As the company representative authorized to make this certification, I state under penalty of perjury that the information contained in this Certification is true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title (Print or Type): \_\_\_\_\_

\_\_\_\_\_

**Mail or deliver the completed Certification to:** Tobacco Certifications, Office of the Attorney General for the District of Columbia, Social Justice Section, 400 6<sup>th</sup> Street N.W. 10th Floor, Washington, DC 20001.