

Total Number of Units Sold:	

→ Notwithstanding the brands listed above, the Office of the Arkansas Attorney General retains the discretion to determine that a listed brand family is the product of another tobacco product manufacturer for purposes of calculating payments under the MSA or for depositing escrow under ARK. CODE ANN. § 26-57-261.

PACKAGING OR LABELING:	
For each Brand Family identified in Part 3 of this Certification Form, provide a copy, digital or actual packaging, of the packaging or labeling.	
<input type="checkbox"/> Information Previously Provided to Office of the Arkansas Attorney General and Remains Unchanged	

FIRE-SAFE COMPLIANCE:		
Are each of the cigarette brand families listed herein fire-safe compliant and certified with Arkansas Tobacco Control, as required pursuant to ARK. CODE ANN. § 20-27-201, <i>et seq.</i> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

→ Copies of the most recent fire-safe certification approval for each brand must be included with this Certification.

If your answer to the preceding question, was “no,” please explain the basis for the request to list the brand on the Approved-for-Sale Tobacco Products Directory published pursuant to ARK. CODE ANN. § 26-57-1303(b).

Explanation:

MANUFACTURING PERMIT:		
Does the manufacturer possess a current permit to operate in Arkansas from Arkansas Tobacco Control, as required pursuant to ARK. CODE ANN. § 26-57-215?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

→ Copies of the most recent permit approval must be included with this Certification.

If your answer to the preceding question, was “no,” please explain the basis for the request to be listed on the Approved-for-Sale Tobacco Products Directory published pursuant to ARK. CODE ANN. § 26-57-1303(b).

Explanation:

DEPARTMENT OF HEALTH AND HUMAN SERVICES INGREDIENT LIST:	
For each Brand Family identified in Part 3 of this Certification Form, provide a copy of the Certificate of Compliance issued by the Department of Health and Human Services, Centers for Disease Control and Prevention, and the Office on Smoking Health with respect to the ingredient list submission pursuant to 15 U.S.C. § 1335a.	

ROTATION PLAN:

For each Brand Family identified in Part 3 of this Certification Form, provide a copy of the complete warning rotation plan submitted to the US Food and Drug Administration ("FDA").

TOTAL NATIONWIDE SALES ON WHICH FEDERAL EXCISE TAX WAS PAID:

→ In the case of a domestic tobacco product manufacturer, copies of Tobacco Tax Bureau Form 5210.5 supporting the total sales number must be included with this Certification Form. In the case of a foreign tobacco product manufacturer, a copy of Tobacco Tax Bureau Form 5220.6 supporting the total sales number must be included.

TOTAL NATIONWIDE SHIPMENTS REPORTED PURSUANT TO 15 U.S.C. § 376:

→ Copies of all reports made pursuant to 15 U.S.C. § 376 must be included with this Certification Form. The company submitting this form must submit reports to states other than Arkansas pursuant to ARK. CODE ANN. § 26-57-1406.

PART 4: BUSINESS AND OWNERSHIP INFORMATION**A. Participating and Non-Participating Tobacco Product Manufacturers****FABRICATION OF BRAND FAMILIES:**

Does the company submitting this certification itself fabricate the brand families identified in Part 3 of this Certification Form?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

If your answer to the preceding question was "no," please explain the basis for the company's submission of this Certification Form.

Explanation:

MANUFACTURING FACILITY IDENTIFICATION:

Facility:	Address:	Manager:

Information Previously Provided to Office of the Arkansas Attorney General and Remains Unchanged

MANUFACTURER EQUIPMENT IDENTIFICATION:		
Type/Name of Equipment:	Manufacturer of Equipment:	Serial Number:
<input type="checkbox"/> Information Previously Provided to Office of the Arkansas Attorney General and Remains Unchanged		

ACCESS TO MANUFACTURING FACILITY AND EQUIPMENT:		
Do other companies have access to or utilize any of the manufacturing facilities identified herein?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If your answer to the preceding question was “yes,” please explain.

Explanation:

PHOTOGRAPH OR DIAGRAM OF INTERIOR OF MANUFACTURING FACILITIES:
Provide a photograph or diagram of the interior of each of the manufacturing facilities identified herein, specifically indicating on the photograph or diagram where the manufacturing equipment used in the fabrication of cigarettes is located.
<input type="checkbox"/> Information Previously Provided to Office of the Arkansas Attorney General and Remains Unchanged

PHOTOGRAPH OF EXTERIOR OF MANUFACTURING FACILITIES:
Provide a photograph of the exterior of each of the manufacturing facilities identified herein.
<input type="checkbox"/> Information Previously Provided to Office of the Arkansas Attorney General and Remains Unchanged

PROOF OF OWNERSHIP OF MANUFACTURING FACILITIES:
Provide proof of ownership, possession, and control of each of the manufacturing facilities identified herein.
<input type="checkbox"/> Information Previously Provided to Office of the Arkansas Attorney General and Remains Unchanged

PROOF OF OWNERSHIP OF MANUFACTURING EQUIPMENT:
Provide proof of ownership, possession, and control of the manufacturing equipment used by the company in the fabrication of cigarettes at each of the manufacturing facilities identified herein.
<input type="checkbox"/> Information Previously Provided to Office of the Arkansas Attorney General and Remains Unchanged

U.S. DEPARTMENT OF TREASURY, TOBACCO TAX BUREAU PERMIT NUMBER:	
---	--

→ A copy of the permit issued by the U.S. Department of Treasury, Tobacco Tax Bureau must be included with this certification form.

IDENTIFICATION OF WHOLESALERS, DISTRIBUTORS, OR STAMPING AGENTS:

→ Please attach a list identifying wholesalers, distributors, or stamping agents to whom you have shipped product in Arkansas or who is shipping your product into Arkansas.

CRIMINAL ACTIVITY:

Has the company submitting this form or any of its affiliates, sales entity affiliates, officers, or directors been indicted, pled guilty or nolo contendere to or been found guilty of a felony crime relating to the sale, taxation, or distribution of cigarettes or other tobacco products?

Yes No

If your answer to the preceding question was "yes," please explain.

Explanation:

CRIMINAL ACTIVITY CONTINUED:

Is the company submitting this form or any of its affiliates, sales entity affiliates, officers, or directors the subject of an inquiry or under investigation for a felony violation of any state or federal law relating to the sale, taxation, or distribution of cigarettes or other tobacco products?

Yes No

If your answer to the preceding question was "yes," please explain.

Explanation:

DIRECTORY STATUS:

Has the company submitting this form, an affiliate of this company, or any of its brand families been removed, excluded, or denied listing from the approved-for-sale directory of any state?

Yes No

If your answer to the preceding question was "yes," please list the state(s) and explain.

Explanation:

DIRECTORY STATUS CONTINUED:

Has the company submitting this form, or an affiliate of this company, voluntarily withdrawn an approved-for-sale directory certification?

Yes No

If your answer to the preceding question was "yes," please list the state(s) and explain.

Explanation:

OUTSTANDING ESCROW OBLIGATIONS:

Are there any outstanding judgments, settlements, or claims related to the non-payment of funds into an escrow account, including penalties, involving, or related to, any of the brands owned, controlled, or otherwise affiliated with the company submitting this certification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

If your answer to the preceding questions was “yes,” please explain.

Explanation:

OTHER ACTIONS:

In the last ten years, has any governmental agency, Federal or State, taken any other action involving the company submitting this form, any of its affiliates, or its brands that did or could affect the company’s ability to manufacture, sell or distribute one or more cigarette brands, styles or other tobacco products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

If your answer to the preceding question was “yes,” please explain.

Explanation:

ADVERTISING PRACTICES:

Does the company advertise or sell cigarettes via the Internet or in catalogs or other print media for purposes of selling such cigarettes to individual consumers, including consumers in the State of Arkansas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

If your answer to the preceding questions was “yes,” please explain.

Explanation:

JENKINS ACT COMPLIANCE:

For each of the past 12 calendar months, has the company provided the reports required by the Jenkins Act, 15 U.S.C. § 375, <i>et seq.</i> , as amended, to the Arkansas Department of Finance and Administration and Office of the Arkansas Attorney General?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

If your answer to the preceding question was “no,” please explain.

Explanation:

B. Non-Participating Manufacturers Only

IDENTIFICATION OF DIRECTORS, MEMBERS, OFFICERS, AND OWNERS OF THE COMPANY:		
Interested Party:	Address:	Telephone:

ASSOCIATION WITH OTHER TOBACCO PRODUCT MANUFACTURERS:		
Are any of the individuals or entities identified in the preceding question also directors, members, officers, owners of other PMs or NPMs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If your answer to the preceding question was “yes,” please explain.

Explanation:

RECLASSIFICATION OF PRODUCTS AS CIGARETTES OR ROLL-YOUR-OWN:		
Have any tobacco products manufactured or sold by the company been reclassified within the last five years as cigarettes or RYO product by a federal, state, or local government entity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If your answer to the preceding question was “yes,” please explain.

Explanation:

PART 5: NON-PARTICIPATING MANUFACTURER CERTIFICATION

NON-PARTICIPATING MANUFACTURER'S REGISTERED AGENT FOR SERVICE OF PROCESS:

Company:	Address:
City:	State:
Zip Code:	Telephone:
Fax:	Email:

→ A statement from the Registered Agent noting his or her service in this capacity must be included with this Certification Form. Pursuant to Arkansas law, this Registered Agent must reside in the State of Arkansas.

CONSENT TO BE SUED:

Provide an executed copy of the Consent to be Sued form prepared by the Office of the Arkansas Attorney General.

→ A properly executed copy of the Consent to be Sued form must be included with this Certification Form.

ACCEPTANCE OF JOINT-AND-SEVERAL LIABILITY BY IMPORTERS:

In the case of Non-Participating Manufacturers located outside of the United States, provide an executed copy of the Acceptance of Joint-and-Several Liability by Importers form prepared by the Office of the Arkansas Attorney General.

→ A properly executed copy of the Acceptance of Joint-and-Several Liability by Importers form must be included with this Certification Form.

IMPORTER'S REGISTERED AGENT FOR SERVICE OF PROCESS:

Company:	Address:
City:	State:
Zip Code:	Telephone:
Fax:	Email:

→ A statement from the Registered Agent noting his or her service in this capacity must be included with this Certification Form. Pursuant to Arkansas law, this Registered Agent must reside in the State of Arkansas.

BONDING:

Does the company submitting this form have a bond in place to cover escrow liability for sales made in Arkansas during the sales year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

→ The bond amount should be the greater of the highest calendar quarter deposit amount over the last three years or \$50,000.

→ A copy of a verification certificate, including the amount of the bond and any required change in the amount, from the bonding company must be provided with this form.

QUALIFIED ESCROW ACCOUNT:

Financial Institution:	Representative's Name:
Address:	City:
State:	Zip Code:
Email:	Escrow Account Number:
Arkansas Sub-Account Number:	Date of Escrow Agreement:

→ A copy of the current governing Escrow Agreement and any Amendments thereto must be included with this Certification Form.

ESCROW OBLIGATION FOR SALES PERIOD:	
Total Number of Units Sold in Arkansas during Sales Period:	
Statutory rate per cigarette (\$0.0188482), as adjusted for inflation:	\$.0460645
Multiply Units Sold by the adjusted statutory rate per cigarette:	
Amount Deposited for Sales Year:	

→ An account statement or letter from the escrow agent must be included with this Certification Form. This account statement or letter must indicate: (1) the amount(s) deposited, as indicated above and (2) the date(s) of deposit.

→ The inflation adjustment used for Quarterly Certifications is provisional; the total amount to be deposited into the Qualified Escrow may need to be recalculated at the time of the Annual Certification.

TOTAL AMOUNT HELD IN ESCROW FOR ARKANSAS:	
Total amount held in the Qualified Escrow account for all years:	\$

DEPOSITS AND WITHDRAWALS DURING SALES PERIOD:			
Date:	Deposit Amount:	Withdrawal Amount:	Balance:
Totals:	\$	\$	\$

→ An account statement from the escrow agent must be included with this Certification Form, indicating the complete account history for the account/sub-account for the State of Arkansas for all sale years, including all deposits, withdrawals, and a current account balance.

PART 6: SIGNATURE

Under penalty of perjury, I state that the information contained in this Certification Form is true and correct.

Authorized Designee:	Title:
Designee Signature:	Date:

→ The knowing submission of false or inaccurate information to the Office of the Arkansas Attorney General could result in a civil penalty being issued against you in an amount up to \$10,000.00.

PART 7: NOTARY

Subscribed and Sworn Before Me on this Date:
Signature of Notary Public:
City or County of:
My Commission Expires:

→ Seal of Notary must be included and should overlap the right-hand column of the above box.

PART 8: CHECKLIST AND MAILING

PRIOR TO MAILING, PLEASE ASSURE THAT THE FOLLOWING HAS BEEN PROVIDED:

<input type="checkbox"/> Brand Family Packaging or Labeling	<input type="checkbox"/> Exterior Photograph of Facility
<input type="checkbox"/> Ingredient List	<input type="checkbox"/> Proof of Ownership of Facility
<input type="checkbox"/> Rotation Plan	<input type="checkbox"/> Proof of Ownership of Equipment
<input type="checkbox"/> Tobacco Tax Bureau Form 5000.24 or 5220.6	<input type="checkbox"/> U.S. Department of Treasury Permit
<input type="checkbox"/> Nationwide Reports Under 15 U.S.C. § 376	<input type="checkbox"/> Signature
<input type="checkbox"/> Interior Photography or Diagram of Facility	<input type="checkbox"/> Notary

IN THE CASE OF A NON-PARTICIPATING MANUFACTURER, PLEASE ALSO ASSURE THAT THE FOLLOWING HAS BEEN PROVIDED:

<input type="checkbox"/> Manufacturer's Statement from Registered Agent	<input type="checkbox"/> NPM Bond Documentation
<input type="checkbox"/> Consent to be Sued	<input type="checkbox"/> Escrow Agreement and Amendments
<input type="checkbox"/> Acceptance of Joint-and-Severall Liability	<input type="checkbox"/> Account Statement with Complete History
<input type="checkbox"/> Importer's Statement from Registered Agent	

MAIL THE COMPLETED CERTIFICATION FORM TO:

Office of the Arkansas Attorney General ATTN: Tobacco Division 101 West Capitol Avenue Little Rock, Arkansas 72201	→Certification Forms, including attachments, must be received on or before April 30, 2026 . →Certification Forms will be returned and left unprocessed unless all fields are completed and all required attachments have been received.
---	---