STATE OF HAWAI'I
Department of the Attorney General
Tobacco Enforcement Unit

Certification For Hawai'i Tobacco Directory Pursuant to Haw. Rev. Stat., Chapters 245 and 486P For Cigarettes and Roll-Your-Own (RYO) Tobacco

☐ Initial Certification ☐ Annual Certification ☐ Supplemental Certification

Part I Tobacco Product Manufacturer[1] Identification

Name: _____

Address: _____

_____

Telephone: _____ Facsimile: _____

Website: _____

Contact: _____

Email: _____

Manufacturing plant(s) name and address (if different from above):

_____

_____

_____

The Tobacco Product Manufacturer identified above is, as of the date of this certification: (check one box)

☐ A Participating Manufacturer (PM) under the Master Settlement Agreement (MSA).

☐ A Non-Participating Manufacturer (NPM) in full compliance with Haw. Rev. Stat. §675-3(b).

The Tobacco Product Manufacturer identified above has: (this box must be checked)

☐ Complied with its quarterly reporting requirements pursuant to Haw. Rev. Stat., §486P-2(a).

Part II Calendar Year (Provide a separate certification for each year.)

☐ 2016

☐ _____

Part III	**Brand Family Identification** (Attach additional sheet(s), as needed, to provide complete response.)

1. The PM identified in Part I has the following Brand Families, each of which the manufacturer hereby affirms are to be deemed its Cigarettes[2] for purposes of calculating its payments under the MSA for the relevant year, in the volume and shares determined pursuant to the MSA. List each Brand Family including all "styles"; a Brand Family will be assumed to be cigarettes unless designated as RYO.

Brand Family (indicate with an asterisk (*) those brands that will not be sold in 2016)				

2. The NPM identified in Part I has the following Brand Families, each of which the manufacturer hereby affirms are to be deemed its Cigarettes[3] for purposes of Haw. Rev. Stat., Chapter 675 for the relevant year. List each Brand Family including all "styles"; a Brand Family will be assumed to be cigarettes unless designated as RYO.
Attach a sample of the actual packaging for each brand of Cigarette and RYO to be listed in the Directory.

A. Brand Family (indicate with an asterisk (*) those brands that will not be sold in 2016)	B. Units Sold in preceding calendar year	C. Manufacturer of brands listed (include complete address information)

Part IV Non-Participating Manufacturer's Additional Information

1. **Company Officers and Owner(s) Identification**. List all company officers and owners (all persons with an equity interest of 10% or more in the applicant company). Attach additional sheet(s), as needed, to provide complete response.

President: _____ ☐ Owner
Address: _____ _____ % interest
_____ ☐ Partner
Email: _____

Vice President: _____ ☐ Owner
Address: _____ _____ % interest
_____ ☐ Partner
Email: _____

Secretary: _____ ☐ Owner
Address: _____ _____ % interest
_____ ☐ Partner
Email: _____

Treasurer: _____ ☐ Owner
Address: _____ _____ % interest
_____ ☐ Partner
Email: _____

Other: _____ ☐ Owner
Address: _____ _____ % interest
_____ ☐ Partner
Email: _____

2. **Applicant Information**. Indicate whether the following statements describe applicant by marking the box "yes" or "no" after the statement.

		Yes	No
A.	Applicant sold (whether directly or through a distributor, retailer or similar intermediary or intermediaries) Cigarettes to consumers within the State of Hawai'i in the preceding calendar year.	☐	☐
B.	Applicant placed moneys into a Qualified Escrow Fund pursuant to Chapter 675 for its sales in the preceding calendar year.	☐	☐
C.	There has been a change in manufacturer (i.e., fabricator) for one or more of the brands listed in this certification within the past two calendar years.	☐	☐
D.	Applicant sells Cigarettes via the Internet or direct mail order to consumers within the State of Hawai'i.	☐	☐

3. **Registered Agent for Service of Process.**

Please certify as follows: (check one)

☐ The NPM identified in Part I is domiciled in the State of Hawai'i.

☐ The NPM identified in Part I is a non-resident or foreign NPM that has registered to do business in the State of Hawai'i as a foreign corporation or business entity.

☐ The NPM identified in Part I has appointed and continues to engage the following agent located in the United States for service of process on whom all process, any action or proceeding against it concerning or arising out of the enforcement of Haw. Rev. Stat., Chapters 486P or 675, may be served in any manner authorized by law. (Proof of appointment and availability must be submitted directly from agent.)

Name of Agent: _____

Address: _____

_____

Telephone: _____ Facsimile: _____

Email: _____

4. **Qualified Escrow Fund – Financial Institution.**

Name of Institution: _____

Address: _____

_____

Telephone: _____ Facsimile: _____

State Sub-Account No: _____ Escrow Account No: _____

Contact Person: _____ Email: _____

(Attach an executed copy of current escrow agreement along with Attachment A listing Hawai'i.)

5. **Escrow Deposit/Withdrawal History for Hawai'i.** (Attach additional sheet(s) as needed.)

Date	Deposit*	Withdrawal*	Balance

* Amounts must comply with Haw. Rev. Stat., Chapter 675.

6. **Health Warning Rotation Plan**. For each Brand Family, list the name and address of the entity that filed a Cigarette Health Warning Rotation Plan with the Federal Trade Commission (FTC) before the Cigarettes were distributed into the United States.

A. Brand Family	B. Filer	C. Street Address

For each Brand Family, attach the FTC's written approval of applicant's annual Cigarette Health Warning Rotation Plan. Attach additional sheet(s), as needed, to provide a complete response.

7. **Tobacco Ingredient Reporting**. For each Brand Family, list the name and address of the entity that submitted the Tobacco Ingredient Reporting information to the Secretary of the U.S. Department of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act (FCLAA) (15 U.S.C. §1335a(a)).

A. Brand Family	B. Submitter	C. Street Address

For each Brand Family, attach copies of all Certificates of Compliance received from the Center for Disease Control and Prevention for applicant's annual Tobacco Ingredient Reporting required by the FCLAA. Attach additional sheet(s), as needed, to provide a complete response.

8. **Imported Cigarettes; Documentation and Verification**. If the Cigarettes applicant sells or intends to sell are not made in the United States, provide the documents listed below:

   A. A copy of the importer permit issued pursuant to 26 U.S.C. §5713 to the person importing the Cigarettes into the United States; and

   B. A copy of the certificate, required by 19 U.S.C. §1681a(c)(1), signed by the NPM of such Cigarettes that such NPM will timely submit to the Secretary of the U.S. Department of Health and Human Services the Tobacco Ingredient Reporting information required by 15 U.S.C. §1335a(a); and

   C. A copy of the certificate, required by 19 U.S.C. §1681a(c)(2), signed by the importer regarding the precise format of warnings and the rotation plan for health warnings; and

   D. A copy of the certificate, required by 19 U.S.C. §1681a(c)(3)(A), signed by the U.S. trademark holder that it consents to the importation of such Cigarettes into the United States; and

   E. A copy of the certificate, required by 19 U.S.C. §1681a(c)(3)(B), signed by importer that the consent referred to in 19 U.S.C. §1681a(c)(3)(A) is accurate, remains in effect, and has not been withdrawn.

   F. The complete address of the factory at which the Cigarettes are fabricated.

   Name: _____

   Address: _____

   _____

   (Identify the factory that fabricates each Brand Family; attach additional sheet(s), as needed.)

9. **Trademark Owner; Cigarette and Roll-Your-Own Tobacco Brands.**

Submit a list of trademark owners for those brands of cigarettes and roll-your-own tobacco listed in Part III(2). Those brands for which the trademark owner is other than the applicant, documentation that shows the trademark owner authorizes applicant to manufacture subject tobacco product(s) must be provided.

Part V All Tobacco Product Manufacturers

1. **Fire Safe Cigarette Certification.**

Pursuant to Haw. Rev. Stat. Chapter 132C (Supp.), effective September 30, 2009, only reduced ignition propensity cigarettes (fire safe cigarettes or "FSC") may be sold in the State. Written certifications must be submitted to the State Fire Council in accordance with HRS, Chapter 132C.

State Fire Council
636 South Street
Honolulu, Hawaii 96813-5007
(808) 723-7151
(808) 723-7179 facsimile
email: SBratakos@honolulu.gov

Please indicate on the list of the brands and styles submitted under Part III herein, those brand styles currently FSC certified by the Hawaii State Fire Council.

2. **PACT Act Registration and Reporting.**

On March 31, 2010, the federal Prevent All Cigarette Trafficking Act (Pact Act), 15 U.S.C. § 375, et seq. was signed into law. The Pact Act amended provisions of the Jenkins Act (15 U.S.C. §§ 375 - 378) regarding the shipment and packaging of tobacco products, compliance with state tax and licensing requirements, and the filing of certain reports with the state tobacco tax administrator.

The Jenkins Act, as amended, requires every person including cigarette manufacturers, wholesalers, distributors, and delivery sellers, who sell, transfer, or ship for profit cigarettes, roll-your-own (RYO) tobacco, and smokeless tobacco in interstate commerce to (1) register with the United State's Attorney General and the state tobacco tax administrator of each state into which shipments are made, and (2) file monthly reports with the state tobacco tax administrator, no later than the 10th of each month.

Pursuant to Haw. Rev. Stat. section 486P-2(4)(e), any tobacco product manufacturer selling cigarettes to consumers within this State (whether directly or through a distributor, retailer or similar intermediary or intermediaries) shall register and submit monthly reports as set forth in the PACT Act. The Tobacco Product Manufacturer identified in Part I has:

☐ Registered with the Hawaii Department of Taxation and Department of the Attorney General; and has complied with its monthly reporting requirements pursuant to the PACT Act.

☐ Not previously registered or reported pursuant to the PACT Act; but submitted its registration form to the Department of Taxation and includes herein its registration form to the Department of the Attorney General and intends to submit monthly reports to both entities on go-forward basis.

Additional instructions may be found at www.hawaii.gov/ag/tobacco.

Part VI Notarized Signature

I certify that the information and documentation submitted with this certification are true, correct, and complete. Documentation pertaining to the signatory's status as an owner, partner, or officer of the corporation is attached.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Subscribed and sworn to before me on this date: _____ City or County of: _____

Signature of Notary Public: _____ State or Country of: _____

Print Name: _____ My Commission expires: _____

Notary Seal

Part VII Delivery to the Attorney General

The certification must be executed and delivered to the attorney general no later than **April 30th** of each year. Supplemental certifications must be executed and delivered to the attorney general thirty calendar days before any addition to or modification of a Tobacco Product Manufacturer's Brand Family.

Deliver to:

Department of the Attorney General
Tobacco Enforcement Unit
425 Queen Street
Honolulu, Hawai'i 96813

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1 Definition of "Tobacco Product Manufacturer" is set forth in attached Certification Instructions.
2 Definition of "Cigarette" is set forth in attached Certification Instructions, and includes roll-your-own tobacco.
3 See endnote No. 2.