



Form TPM-2

Certification for Listing in the Connecticut Tobacco Directory as of July 1, 2025

(Rev. 04/25)

This application will not be processed or considered complete until all the information and documents required, either by the application form, the instructions to the application form, or by the request of the Department of Revenue Services (DRS) or the Office of the Attorney General State of Connecticut ("Attorney General"), have been submitted.

☐ Annual ☐ Supplemental

Complete this form in blue or black ink only.

Part I: General Business and Ownership Information

For completion by participating manufacturers (PMs) and nonparticipating manufacturers (NPMs).

1. Applicant tobacco product manufacturer identification

► Applicant: _____

Street address: _____

► Mailing address if different from above: _____

Telephone number: _____ - _____ Facsimile (Fax) number: _____ - _____

Email address: _____

Website address: _____

Name and title of authorized officer completing this certification: _____

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

Manufacturing plant telephone number: _____ - _____

Manufacturing plant fax number: _____ - _____

Name, title, email address, and telephone number of contact person at plant if different from above: _____

Attach additional sheet(s) as necessary to provide a complete response.

Attach photographs (interior and exterior of facility, and photos of equipment used in manufacturing/fabrication) and diagram of the manufacturing/fabricating facility and indicate where the equipment and facilities for manufacturing the cigarettes, if any, are located. Attach proof of ownership, possession, and control of manufacturing facilities and equipment identified therein.

2. The undersigned certifies that as of the date of this certification, the applicant named above is a (initial one):

____ Participating manufacturer (PM) as the term is defined in Section II(jj) of the Master Settlement Agreement (MSA) that has in the past generally performed and is currently generally performing its financial obligations under the MSA.

____ Nonparticipating manufacturer (NPM) that is in full compliance with Conn. Gen. Stat. § 4-28i and implementing regulations including having made all required deposits into a qualified escrow fund for all the years beginning with calendar year 2000.

3. The applicant is the manufacturer (fabricator) of all of the brand families listed in this certification which are intended to be sold in the United States, including cigarettes intended to be sold in the United States through an importer.

► ☐ Yes ☐ No

4. The applicant is the first purchaser anywhere for the resale in the United States of cigarettes manufactured anywhere that the manufacturer does not intend to sell in the United States.

► ☐ Yes ☐ No

If the answer is **Yes**, identify each cigarette manufacturer (fabricator), the plant street address, mailing address, contact person, telephone and fax numbers, and the relationship to the applicant. Identify the location of the transfer of the ownership of the cigarettes and a copy of every agreement or contract between the applicant and the manufacturer. Attach additional sheet(s) as necessary to provide a complete response.

5. The applicant is a successor of an entity described in Question 3 or Question 4 above.

☐ Yes ☐ No

If the answer is **Yes**, identify predecessor(s).

6. If the applicant answered No to Questions 3, 4, and 5 above, explain the basis for the applicant's claim that it is the tobacco product manufacturer as defined in Conn. Gen. Stat. § 4-28h for each of the brand families listed in this certification, and submit all documentation to support the applicant's claim. If, for example, the applicant seeks to list brand families that are contract manufactured, identify each cigarette manufacturer (fabricator), the plant street address, mailing address, contact person, telephone and fax numbers, and the relationship to the Applicant and attach a copy of every agreement or contract between the Applicant and the manufacturer (fabricator).

7. Since January 1, 2024, has there been a change in manufacturer (fabricator) of one or more of the brand families listed in this application form?

☐ Yes ☐ No

If the answer is **Yes**, identify the former manufacturer and the current manufacturer for each brand family. Include complete address information for **Former Manufacturer** and **Current Manufacturer**.

Brand Family	Former Manufacturer	Current Manufacturer

Attach additional sheet(s) as necessary to provide a complete response.

8. Licenses and permits

A. Connecticut Tax Registration Number assigned to applicant by DRS: _____

Attach copies of all current and valid licenses issued to applicant by DRS.

If the applicant is not the holder of a DRS cigarette manufacturer's license that will expire on September 30, 2025, has the applicant applied for a DRS cigarette manufacturer's license expiring on that date and submitted the \$5,250 annual license fee with the license application?

☐ Yes ☐ No

B. Fire Standard Compliance: Attach letter from CT State Fire Marshall's Office indicating that the brands for which the Applicant seeks certification are FSC Compliant Cigarettes Only.

C. U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number as a manufacturer, if any: _____

U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number as an importer, if any: _____

Attach a copy of the applicant's current permit as a manufacturer, importer, or both under 26 U.S.C. §§ 5701 through 5763 and regulations issued under 26 U.S.C. §§ 5701 through 5763, if the applicant has been issued such permit(s).

If the applicant has not been issued such permit(s), attach an explanation describing why permits were not issued and attach a copy of the TTB Tobacco Importer Permit issued to the company importing the product.

D. Foreign PMs, NPMs, or Importers **only**:

Is this applicant that imported cigarettes into the United States in compliance with 19 U.S.C. § 1681a (Requirements for entry of certain cigarettes)?

☐ Yes ☐ No

Is the applicant that imported or manufactured cigarettes in compliance with the Federal Cigarette Labeling and Advertising Act, 15 U.S.C. § 1331 et seq?

☐ Yes ☐ No

Provide releases allowing the U.S. Customs Office and the TTB to share any information it has about your company with the Office of the Connecticut Attorney General. (TTB release Form TTB F 5000.19/Customs ICE Form 60-001).

9. Agreements with other PMs, NPMs, or affiliates: See instructions.

Brand Family	PM, NPM, or Affiliate	Physical Address	Telephone Number

Nature of agreement(s): _____

Attach additional sheet(s) as necessary to provide a complete response. Attach a copy of each agreement.

10. PACT Act reporting requirements (Both PMs and NPMS)

The applicant certifies that it and/or its importer(s) is/are in compliance with all monthly reporting and registration requirements of 15 U.S.C. § 375 et seq. in all states.

☐ Yes ☐ No (if there are any pending allegations of applicant's noncompliance in any jurisdiction, check "No")

If **Yes**, the applicant shall, upon request by the Commissioner or Attorney General, provide documentation to verify compliance.

All PMs and NPMs are required to submit **monthly Connecticut Pact Acts** reports **via myconneCT**. These reports must be filed using a pre-defined Comma Separated Value (CSV) file format.

To learn how to create a myconneCT account, visit portal.ct.gov/DRS-myconneCT. Additionally, refer to the webpage Excise File Uploads (ct.gov) for detailed instructions on uploading excise files.

☐ I attest that I have adhered to the compliance requirements of the state of Connecticut since October 2021, successfully uploading all necessary Pact ACT documentation as mandated.

Part II: Brand Family Identification

For completion by PMs and NPMs.

1. Brand family identification

PMs complete Column A and D. NPMs complete Columns A through D.

Submit Brand Family Identification information in both Excel and PDF formats. Provide the following: Brand Family, Style, Flavor, Filter/Non Filter and Package Size.

Column D: State “Yes” or “No”. If Yes, attach FDA Modified Risk Granted Order (with appendices) and FDA Submission Tracking Number.

	Column A Brand Families Sought to Be Included in the Connecticut Tobacco Directory	Column B Units Sold to Consumers Within Connecticut During Calendar Year 2024 (NPMs Only)	Column C Manufacturer of Brand Families Listed Include complete address information. (NPMs Only)	Column D Is this a Modified Risk Tobacco Product?
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No
▶				<input type="checkbox"/> Yes <input type="checkbox"/> No

Submit color photographs of the packaging and labeling in Adobe Acrobat (PDF).

Samples of the actual packaging and labeling must be submitted for each brand family not on the Connecticut Tobacco Directory as of July 1, 2024, and for each brand family for which the packaging and labeling have changed since July 1, 2024. Please provide a current listing of all UPC codes of cigarettes and RYO products that are manufactured by your company.

2. Trademark holder(s)

Provide the name, address, and telephone number of the trademark holder(s) of each brand family listed above.

Brand Family	Trademark Holder and Contact Person	Physical Address	Telephone Number

Attach additional sheet(s) as necessary to provide a complete response. Include the name and address of prior trademark holder if changed from prior year.

Part III: Additional Business Information

For completion by NPMs only.

1. Organizational documents

See instructions for a list of documents required.

2. Officers, directors, and owners of applicant

Complete the table by listing all officers, directors, and owners of the applicant. An **owner** is any person with an equity interest of 10% or more in the applicant.

	Individual #1	Individual #2	Individual #3
Full name (first, middle, last)			
Street address			
Telephone number			
Fax number			
Date and place of birth			
Email address			
Title or relationship to applicant			
If owner, enter ownership interest (%)			
Is this individual an officer, director, or owner of any other PM or NPM?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , identify the PM(s) or NPM(s)			

Attach additional sheet(s) as necessary to provide a complete response.

3. Affiliates: See instructions.

Brand Family	Affiliate Name	Affiliate Street Address	Type of Business

Attach additional sheet(s) as necessary to provide a complete response.

4. Applicant information

Please indicate whether the following statements describe the applicant by checking either **Yes** or **No** after the statement. All references to cigarettes include roll-your-own (RYO) tobacco.

- A. The applicant sold cigarettes to consumers within Connecticut, whether directly or through a distributor, dealer, or similar intermediary or intermediaries, during calendar year 2024. ☐ Yes ☐ No
- B. The applicant made escrow deposits under Conn. Gen. Stat. § 4-28i for cigarettes sold to consumers within Connecticut, whether directly or through a distributor, dealer, or similar intermediary or intermediaries, during calendar year 2024. ☐ Yes ☐ No

5. Is the applicant owned or operated by a federally recognized Native American/Indian tribe? ☐ Yes ☐ No

If yes, provide a waiver authorized by the official governmental body of the tribe confirming that the tribe waives any claims to sovereign immunity from a lawsuit, pursuant to Conn. Gen. Stat. §4-28j, alleging that the applicant has failed to make a required escrow payment.

Part IV: Marketing and Distribution Information

For completion by NPMs only.

1. Tobacco products reclassified as cigarettes or roll-your-own (RYO) tobacco

List all tobacco products sold by the applicant that since January 1, 2024 to date, have been reclassified as cigarettes or as RYO by a federal agency or by a state or local government. Attach additional sheet(s) as necessary to provide a complete response.

Brand Family Name of Reclassified Tobacco Product	Name of Federal, State, or Local Governmental Entity That Reclassified the Tobacco Product as a Cigarette or RYO Tobacco	Government Entity's Street Address	Date of Reclassification

2. Distributors

List the name and address of every distributor that, since January 1, 2024 to date, purchased or handled (including RYO) sales for that brand family in Connecticut. Attach additional sheet(s) as necessary to provide a complete response.

Brand Family	Distributor	Physical Address, Telephone, and Email	Stamper
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Compliance with Conn. Gen. Stat. § 4-28m(3)(c)

The nonparticipating manufacturer identified in Part I, must provide the following information:

- Total nationwide cigarette sales on which federal excise tax was paid in the preceding calendar year (2024) _____.
If the manufacturer identified in Part I is a domestic tobacco product manufacturer, a copy of the Tobacco Tax Bureau Form 5210.5 supporting the total sales number **must** be attached to this certification.
Submit the supporting document information in PDF format, positioned right-side up and arranged chronologically.
If the manufacturer identified in Part 1 is a foreign tobacco product manufacturer, a copy of Tobacco Tax Bureau Form 5220.6 supporting the total sales number **must** be attached to this certification.
Submit the supporting document information in PDF format, positioned right-side up and arranged chronologically.
- Sum of all nationwide cigarette sales reported pursuant to 15 U.S.C. § 376 and all intrastate sales, made with any state, during the preceding calendar year (2024) _____.
The applicant must attach all PACT Act reports filed with any state, as well as invoices for all intrastate sales, that contribute to the total cigarette sales identified in (2).

All Pact Act reports must be submitted as one document in Excel format for all states. In addition, submit PDF formats for each individual state; they must be positioned right-side up, and arranged chronologically.

Documents that are not submitted in accordance with these requirements may be rejected. Failure to attach all supporting documentation to the application, in the manner required, may result in the applicant's exclusion from the Connecticut Tobacco Directory.

All NPMS must submit these documents using either Certivault or MOVEit.

If (1) exceeds (2) by more than 2.5%, attach a detailed factual explanation of the reason for the discrepancy and include any verifying documentation.

Part V: Manufacturing and Compliance Information

For completion by NPMs only.

1. Importer(s)

For each brand family, list the name and address of the importer(s) of the cigarettes if other than the applicant.

Brand Family	Importer	Physical Address

Attach additional sheet(s) as necessary to provide a complete response.

2. Health warning rotation plan

For each brand family, list the name and address of the entity which filed a Cigarette Health Warning rotation plan before the cigarettes were distributed in the United States. For each brand family, attach the most recent written approval of the applicant's annual Cigarette Health Warning rotation plan.

Brand Family	Filer	Physical Address

Attach additional sheet(s) as necessary to provide a complete response.

3. Ingredient reporting

For each brand family, list the name and address of the entity which 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 copies of all certificates of compliance received from the U.S. Department of Health and Human Services for the applicant's annual ingredient reporting required by the Federal Cigarette Labeling and Advertising Act, 15 U.S.C. § 1335a.

Brand Family	Submitter	Physical Address

Attach additional sheet(s) as necessary to provide a complete response.

4. Cigarette packaging

For each brand family, list the name and address of the person, company, or entity that placed the cigarettes into packages with the U.S. Surgeon General's warnings.

Brand Family	Packager	Physical Address

Attach additional sheet(s) as necessary to provide a complete response.

Part VI: Disclosure of Prior and Pending Enforcement Actions and Prior and Pending Determinations Affecting Applicant or Affiliates

For completion by NPMs only.

1. Enforcement actions banning or enjoining sales

Has the applicant or any person or affiliate listed in the applicant's response to Part II, Question 2, or Part III, Question 2 or Question 3, ever had any of its cigarette brand families banned or enjoined from being sold in one or more states by any state or federal court or by any state or federal agency ruling or determination? Also answer **Yes** if any action to ban or enjoin such sales is pending.

- ☐ No
- ☐ Yes, and the details are attached to this certification. See instructions.

2. Denial of listing

Has the applicant or any person or affiliate listed in the applicant's response to Part II, Question 2, or Part III, Question 2 or Question 3, or any cigarette brand family of the applicant or of any person or affiliate listed in the applicant's response to Part II, Question 2, or Part III, Question 2 or Question 3, ever been denied listing on or removed from any state tobacco directory? Also answer **Yes** if any action to deny such listing or to remove from such directory is pending.

- ☐ No
- ☐ Yes, and the details are attached to this certification. See instructions.

3. Unfair business practice or competition

Has a state or federal court ever entered a judgment finding that the applicant or any person or affiliate listed in the applicant's response to Part II, Question 2, or Part III, Question 2 or Question 3, engaged in an unfair business practice or unfair competition relating to the sale of tobacco products? Also answer **Yes** if any judicial proceeding to determine whether the applicant engaged in an unfair business practice or unfair competition relating to the sale of tobacco products is pending.

- ☐ No
- ☐ Yes, and the details are attached to this certification. See instructions.

4. Convictions

Has the applicant or any person or affiliate listed in the applicant's response to Part II, Question 2, or Part III, Question 2 or Question 3, ever been convicted of any crime under federal, state, or foreign laws in connection with the sale of cigarettes? Also answer **Yes** if any such criminal prosecution is pending.

- ☐ No
- ☐ Yes, and the details are attached to this certification. See instructions.

5. Denials, suspensions, or revocations of permits or licenses

Has the applicant or any person or affiliate listed in the applicant's response to Part II, Question 2, or Part III, Question 2 or Question 3, ever been denied a permit, license, or any other authorization to engage in any business relating to the sale of cigarettes by any government entity (federal, state, local, or foreign) or ever had any such permit, license, or other authorization revoked, suspended, or otherwise terminated? Also answer **Yes** if the denial, revocation, suspension, or other termination of such a permit, license, or other authorization is pending.

- ☐ No
- ☐ Yes, and the details are attached to this certification. See instructions.

Qualified escrow fund statute compliance

- 6.** Has the applicant or any person or affiliate listed in the applicant's response to Part II, Question 2, or Part III, Question 2 or Question 3, ever been the subject of a claim by any state that it has not made adequate or timely escrow deposits as a nonparticipating manufacturer under Conn. Gen. Stat. § 4-28i or any comparable statute of another state? Also answer **Yes** if any such claim is pending.

- ☐ No
- ☐ Yes, and the details are attached to this certification. See instructions.

- 7.** Has the applicant or any person or affiliate listed in the applicant's response to Part II, Question 2, or Part III, Question 2 or Question 3, ever been involved as an officer, director, or owner of any tobacco manufacturer or affiliate that has ever been the subject of a claim by any state that it has not made adequate or timely escrow deposits as a nonparticipating manufacturer under Conn. Gen. Stat. § 4-28i or any comparable statute of another state? Also answer **Yes** if any such claim is pending.

- ☐ No
- ☐ Yes, and the details are attached to this certification. See instructions.

- 8.** Has the applicant or any person or affiliate listed in the applicant's response to Part II, Question 2, or Part III, Question 2 or Question 3, ever entered into any agreement or settlement with any state relating to whether it has made adequate or timely escrow deposits as a nonparticipating manufacturer under Conn. Gen. Stat. § 4-28i or any comparable statute of another state? Also answer **Yes** if any such agreement or settlement is pending.

- ☐ No
- ☐ Yes, and the details are attached to this certification. See instructions.
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Part VII: Imported Cigarettes: Documentation and Verification

For completion by NPMs only.

1. U.S. Customs documents

If the cigarettes that the applicant sells or intends to sell are not made in the United States, provide the following documents listed in A through C:

- A. A copy of the sworn statement(s) of the original manufacturer that it will timely submit ingredients to the U.S. Secretary of Health and Human Services as required by 19 U.S.C. § 1681a(c)(1);
- B. A copy of the importer's certificate(s) under penalty of perjury as required by 19 U.S.C. § 1681a(c)(2) regarding the precise format of warnings and the rotation plan for health warnings; **and**
- C. A copy of the trademark holder's certificate(s) under penalty of perjury that it has not withdrawn consent to import into the United States as required by 19 U.S.C. § 1681a(c)(3)(A) or a copy of the importer's certificate(s) under penalty of perjury that the trademark owner has not withdrawn consent to import into the United States as required by 19 U.S.C. § 1681a(c)(3)(B).

Part VIII: NPM Applicant Certification

For completion by NPMs or their importer(s).

1. Agent for service of process

A. NPM

- a. Is the applicant organized under the laws of the State of Connecticut? ☐ Yes ☐ No
- b. Is the applicant a nonresident or foreign NPM that has registered with the Secretary of the State to do business in Connecticut under Title 33 or Title 34 of the Connecticut General Statutes as a foreign corporation or business entity? ☐ Yes ☐ No

If the applicant answered **No** to Questions 1A, a and b above, the applicant must appoint a resident agent for service of process by submitting a completed **Form TPM-4, Notice of Appointment of Registered Agent and Registered Agent's Statement**, to the Attorney General and attach. The applicant must complete the front of Form TPM-4 and the registered agent must complete the back of Form TPM-4.

B. NPM Importer(s)

- a. Is the importer(s) organized under the laws of the State of Connecticut? ☐ Yes ☐ No
- b. Is the importer(s) a nonresident or foreign importer that has registered with the Secretary of the State to do business in Connecticut under Title 33 or Title 34 of the Connecticut General Statutes as a foreign corporation or business entity? ☐ Yes ☐ No

If the NPM importer(s) answered **No** to Questions 1B, a and b above, the NPM importer **must** appoint a resident agent for service of process by submitting a completed Form TPM-4 to the Attorney General and attach a copy with the NPM's TPM-2 filing. The NPM importer **must** complete the front of Form TPM-4 and the registered agent must complete the back of Form TPM-4.

2. Qualified escrow fund

Applicant certifies that as of the date of this certification:

- A. The applicant has established and continues to maintain a qualified escrow fund for the State of Connecticut. ☐ Yes ☐ No
- B. The applicant has executed a qualified escrow agreement that has been submitted to the Attorney General and that governs the qualified escrow fund for the State of Connecticut. ☐ Yes ☐ No
- C. The total cost basis (also called "tax basis" or "book value") of the cash and investments in the escrow account, as of January 30, 2025, equals or exceeds the sum of all escrow deposited, pursuant to Conn. Gen. Stat. § 4-28i, through December 31, 2024. ☐ Yes ☐ No
- D. The total face value (also called "par value" or "share value") of the cash and investments in the escrow account, as of January 30, 2025, equals or exceeds the sum of all escrow deposited, pursuant to Conn. Gen. Stat. § 4-28i, through December 31, 2024. ☐ Yes ☐ No
- E. Are any funds that are currently held in the qualified escrow account for Connecticut invested in inflation-protected securities?
☐ Yes ☐ No

If **Yes**, please provide, in an attachment, the cost basis, current face value, and face value at issuance for each such security.

The NPM must attach a copy of their current escrow agreement.

The NPM must certify satisfaction of all of the requirements referenced above regarding the qualified escrow fund to be eligible for listing in the Connecticut Tobacco Directory.

3. Qualified escrow fund deposit and withdrawal history for the State of Connecticut

Indicate whether the withdrawal is of interest only (I) or principal (P). Attach additional sheet(s) as necessary to provide a complete response.

Date	Deposit	Withdrawal	Balance
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	
		I <input type="checkbox"/> P <input type="checkbox"/>	

Part IX: Social Media Marketing

To be completed by PMs and NPMs

1. Provide the URLs for all websites the applicant uses to market or sell its brand families.
2. If the applicant uses an official account on any of the following social media accounts/apps, provide the account name:
Facebook:
Instagram:
Tik Tok:
X:
Snap:
Other:
3. If the applicant uses other internet or mobile sites/apps/means of marketing its products directly to consumers, please identify:

Part X: Declaration, Acknowledgment, and Signature

For completion by PMs and NPMs.

Under penalty of criminal prosecution under the laws of Connecticut, I declare and acknowledge that:

1. I have read the instructions for this certification for listing in the Connecticut Tobacco Directory.
2. I understand that the Attorney General or the Department of Revenue Services (DRS) may require additional information or documentation, or both, to determine if the applicant qualifies for listing in the Connecticut Tobacco Directory.
3. Applicant will immediately notify the Attorney General and DRS if, before a determination is made by DRS to include the applicant and its brand families in the Connecticut Tobacco Directory, any information on this certification changes.
4. Applicant will immediately notify the Attorney General and DRS of, and shall file a Supplemental Certification no later than 30 days prior to, any planned change in the identity of any fabricator of a brand family, or any addition to, or modification of, applicant's brand families.
5. Applicant will immediately notify the Attorney General and DRS if any information on this certification changes or becomes inaccurate and shall file a Supplemental Certification within 30 days of any changes.
6. I represent and warrant that I am an officer of the applicant authorized to bind the applicant.
7. I have examined this application form, including attachments and supporting documents, and, to the best of my knowledge and belief, this application form, including attachments and supporting documents, is true, correct, and complete.
8. I understand that the Applicant is required to comply with all state and federal laws and hereby affirm that the Applicant is in full compliance with such laws.

Name of authorized officer: _____ Title: _____

Email address: _____ Telephone: _____ - _____

Signature of authorized officer: _____ Date: _____

State of _____

County of _____

Country of _____

On _____, before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he or she executed the same in his or her authorized capacity and that by his or her signature(s) on the instrument the person or the entity upon behalf of which the person acted executed the instrument.

Witness my hand and official seal.

Signature: _____

My commission expires: _____

This application form must be filed **at both of the following addresses:**

File the original with:

Department of Revenue Services
Attn: Tax Division Chief, Audit Division
Business Tax Subdivision/Excise Tax Field Unit
450 Columbus Blvd Ste 1
Hartford CT 06103-1837

File a copy with:

Office of the Attorney General
Financial and Revenue Services Section
165 Capitol Avenue
Hartford CT 06106-1659