

Form TPM-4



Notice of Appointment of Registered Agent and Registered Agent's Statement

(Rev. 04/26)

Complete this form in black or blue ink only.

Check the appropriate box:

Nonparticipating Manufacturer (NPM)

Importer

Enter the name of NPM importing for: _____

Sign, date, and return original to:

**Office of the Attorney General
Finance Department
165 Capitol Ave
Hartford CT 06106**

Submit **TWO** copies to DRS:

1. **Via myconneCT.**

Log in to your account, go to More, Correspondence, Send a Message. Upload Form TPM-4 as an attachment and include "Attn: MSA Compliance" in the body of the message.

AND

2. **Mail** a copy to:

Department of Revenue Services
ATTN: Tax Division Chief, Audit Division - MSA
Excise Tax Field Unit - Floor 8
450 Columbus Blvd Ste 1
Hartford CT 06103-1837

The undersigned NPM or Importer, _____,

hereby appoints _____ as its registered agent.

Said registered agent is authorized to receive service of process on behalf of the NPM or Importer.

The NPM or Importer agrees to do the following:

1. Provide notice to the Office of the Attorney General of the State of Connecticut (Attorney General) at least 30 calendar days prior to termination of the authority of the registered agent; **and**
2. Provide proof to the satisfaction of the Attorney General of the appointment of a new agent at least five calendar days prior to the termination of the existing agent appointment.

The NPM or Importer further agrees that if the agent terminates its agency appointment, the undersigned will provide notice to the Attorney General of the termination within five calendar days and will include proof to the Attorney General of the appointment of a new agent.

I hereby certify and declare that all of the statements and information contained in this Notice of Appointment, including but not limited to any accompanying statements or attachments, are true and complete and that I am a person authorized to bind the NPM or Importer making this Notice of Appointment either under the laws of Connecticut or of the jurisdiction where the manufacturer resides or is organized. The failure to file this form is a basis for removal of the undersigned NPM or Importer and its brand families from the Connecticut Directory.

This Notice of Appointment must be signed and dated in the presence of a notary public.

Signature of authorized representative for NPM or Importer: _____

Authorized representative (print name) _____ Title: _____

Principal place of business (physical address): _____

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 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: _____

Registered agents must complete and sign the statement on the back of this form.

Name and address of Registered Agent:

Name	Telephone	Fax number
Address must be within the State of Connecticut.	Address (number and street, PO box)	
	City	State CT
Email address:		

I consent to serve as the Registered Agent in the State of Connecticut for the above-named NPM or Importer, pursuant to Conn. Gen. Stat. §4-28n. I understand it will be my responsibility to receive Service of Process on behalf of the NPM or Importer; to forward mail to the NPM or Importer; and to immediately notify the Office of the Attorney General if I resign or change the office address of the Registered Agent.

This Notice of Appointment must be signed and dated in the presence of a notary public.

Signature: _____ Date: _____

Print name: _____ Title: _____

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 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: _____