



State of New Jersey

Participating Manufacturer Certification
New Jersey Attorney General's
Tobacco Product Manufacturers
Directory

PM-2009

Part 1: Manufacturer's Identification

1. Name of Participating Manufacturer: _____
2. Street address: _____
3. City, state, country, ZIP: _____
4. Phone: _____ Facsimile: _____
5. Email address: _____
6. Name, title and contact information (phone number and email address) of person filing out this form: _____
7. Name, title and contact information (phone number and email address) of person who should be contacted about information contained on this form: _____

Part 2: List of Brands, Names, Families and Flavorings that will be Sold in 2009

Brand Name	Brand Family	Flavoring* (Identify flavors other than Menthol, Clove or Tobacco)

*** In no event shall cigarettes or any component part thereof that causes a cigarette or smoke from that product to have a characterizing flavor other than tobacco, clove or menthol be sold or advertised in this State. N.J.S.A. 2A:17051.5 et seq.**

***Remember to re-submit packaging samples if there are changes to the packaging previously submitted.**

Part 3: Certification

The undersigned Participating Manufacturer hereby certifies, under penalty of perjury, as of the date of this certification that the foregoing statements are true. The Authorized Agent/Agent Representative is aware that if any of the foregoing statements made are willfully false, he/she is subject to punishment.

Name of Authorized Agent/Representative

Signature of Authorized Agent/Representative

Title of Authorized Agent/Representative

Date: _____

NOTE: This certification must be submitted to the following address by April 30, 2009:

State of New Jersey
Department of Law & Public Safety
Division of Law
124 Halsey Street, 5th Floor
P.O. Box 45029
Newark, New Jersey 07101
Attn: DAG Cathy A. Melitski

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