



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

**PM-2025**

**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 filling 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 2025**

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

**\* 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:170-51.5 et seq.**



**\*If you answered No, please explain why you did not attach your PACT Registration:** \_\_\_\_\_

\_\_\_\_\_

### **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, 2025:**

Tobacco Enforcement Unit  
Division of Law  
124 Halsey Street, 5<sup>th</sup> Floor  
P.O. Box 45029  
Newark, New Jersey 07101

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