

	State of New Jersey Non-Participating Manufacturer Certification of Brand Family and Units Sold	NPM-US
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Part 1: Certification Year and Type of Certification

Certification Year: Complete a separate form for each Certification Year that you are certifying. Certification Year 2025 is for sales made in 2024.		<input type="checkbox"/> 2025	<input type="checkbox"/> Other: _____
Type of Certification: (check one)	<input type="checkbox"/> Initial	<input type="checkbox"/> Annual	<input type="checkbox"/> Supplemental

Part 2: Manufacturer Identification

Company Name:			
Name and Title of Person Completing this Form:			
Mailing Address:			
City:	State:	Zip Code:	Country:
Phone:	Fax:	FEIN:	

Part 3: Brand Family Certification (Attach Brands Addendum pages as necessary)

The undersigned manufacturer certifies, under penalty of perjury, as of the date of this certification, it is a Non-Participating Manufacturer (NPM) and is in full compliance with N.J.S.A. 52:4D-1 et seq. The undersigned NPM certifies that the following list is a complete list of all of its brand families, which are to be deemed to be its cigarettes (including RYO product) for purposes of N.J.S.A. 52:4D-1 et seq. Nothing in this certification shall limit or otherwise affect the State's right to maintain that a brand family constitutes cigarettes or roll-your-own tobacco of a different tobacco product manufacturer for purposes of N.J.S.A. 52:4D-1 et seq. Include with your certification sample packaging for each brand family named. If you have previously supplied packaging to the Attorney General, and if the packaging has not changed, samples need not be supplied with this certification. **You must submit new packaging each time you change your packaging or add new brand families.**

Brand Family	Check One	Report Units Sold in Sticks for Cigarettes and in Ounces for RYO		Packaging: Check Here if packaging was previously submitted and is unchanged, N.J.S.A. 52:4D-10(d)	Flavoring: Check Here if your cigarette or RYO has a characterizing flavor other than menthol, clove or tobacco, N.J.S.A. 2A:170-51.6
		Units Sold in 2023	Units Sold in 2024		
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO				
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO				
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO				
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO				
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO				
Total of RYO Ounces					

	State of New Jersey Non-Participating Manufacturer Certification of Brand Family and Units Sold	NPM-US
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Total of Cigarette Sticks				
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Part 3 (cont.): PACT Act Registration

Have you attached a copy of your Federal PACT Act Registration Form as filed with the United States Department of Justice? Yes ____ No ____ If No, please explain:

Part 4: Certification of Escrow Account and Agreement

The NPM certifies that it has established, and continues to maintain, a fully funded, qualified escrow account, pursuant to N.J.S.A. 52:4D-1 <u>et seq.</u>		
Name of Financial Institution (Escrow Agent):		
Mailing Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Contact Person:	Contact E-mail:	
Escrow Account Number:	Total Amount held in this Account for New Jersey	
New Jersey Sub-Account Number:	\$ _____	
Are funds held for the benefit of the State of New Jersey in any account other than that listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "yes," write the total amount of all funds that are being held in any account for the benefit of the State of New Jersey, <u>including the amount listed above</u> .		\$ _____
Has the Qualified Escrow Agreement been approved by the Attorney General? Attach an executed copy of your current escrow agreement whether or not it has already been approved by the Attorney General.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Agreement: _____ Approval Date: _____

	State of New Jersey Non-Participating Manufacturer Certification of Brand Family and Units Sold	NPM-US
--	--	---------------

Part 5: Worksheet for Cigarettes Sold During Liability Year

Total of RYO Ounces (From Part 3)		Refer to Worksheet at left to calculate the number of individual cigarettes, including roll your-own tobacco (.09 ounces = 1 cigarette), which were manufactured by this manufacturer and sold in New Jersey during this reporting period. Certification Year 2025 Worksheet is for sales made in 2024: <input type="checkbox"/> 2025 <input type="checkbox"/> Other: _____ (Please convert pounds to ounces before using this worksheet. Multiply by 16 for each pound)
RYO Stick Calculation (Divide RYO Ounces by .09)		
Total of Cigarette Sticks (From Part 3)		
Total NPM Sales (Add RYO Stick Calculation to Total of Cigarette Sticks)		

Part 6: Deposit Amount (Use the rates listed below to calculate the appropriate deposit amount)

For the 2024 liability period, the rate per cigarette is\$0.0188482 For the 2024 liability period, the inflation adjustment percentage is137.27900% $\$0.0188482 \times 2.3727900 = \0.0447228 (escrow amount owed per stick, adjusted for inflation) Contact the New Jersey Office of the Attorney General for rates for previous years.	
1. Enter the escrow amount owed per stick, adjusted for inflation	\$0.0447228
2. Enter the amount of Total NPM Sales calculated in Part 5 of this NPM-US Form	_____
3. Multiply Line 1 by Line 2 and write down this number. This is the total amount to be paid into the escrow account for this liability year by the manufacturer identified in Part 2 of this NPM-US Form	\$ _____
4. Enter the total amount paid into the escrow account for this liability year	\$ _____
5. Amount over/under paid (Difference between Line 4 and Line 3). Provide explanation if not zero.	\$ _____

<p style="text-align: center;"><i>Note: Attach a copy of your receipt or other proof of deposit from your financial institution.</i></p>	

	State of New Jersey Non-Participating Manufacturer Certification of Brand Family and Units Sold	NPM-US
---	--	---------------

Part 7: Certification of Deposits, Withdrawals and Transfers
(Attach separate page for each sub-account)

The NPM certifies the following to be a complete record of each deposit and withdrawal or transfer which has occurred from any and all accounts containing funds held for the benefit of the State of New Jersey. Report ending balances of all such accounts, even where no deposits or withdrawals occurred. Attach copies of records of the financial institution documenting any account activity.			
<u>New Jersey Sub-Account Name:</u>		<u>Name of Financial Institution (Escrow Agent):</u>	
Date	Deposit Amount	Withdrawal or Transfer Amount	Explanation for Withdrawal or Transfer
Totals	Deposits \$	Withdrawals/Transfers \$	Ending Balance for this New Jersey Sub-Account \$

	State of New Jersey Non-Participating Manufacturer Certification of Brand Family and Units Sold	NPM-US
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Part 8: Designated Contact

Company Name:			
Name:		Title:	
Mailing Address:			
City:	State:	Zip Code:	Country:
Phone:	Fax:	E-mail:	

Part 9: Manufacturer Certification

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this Certification and any attached documents are true and accurate and that I am a person authorized to bind the manufacturer making this certification either under the laws of the State of New Jersey or of the jurisdiction where the manufacturer resides or is organized. I understand that the Attorney General may require additional information and/or documentation to determine whether the manufacturer qualifies for listing on the New Jersey Directory. ***This document must be signed and dated by an authorized notary public.***

NPM Authorized Designee (Print Name)	Title
Signature of NPM Authorized Designee	Date
Subscribed and sworn to _____ before me this date:	Signature of Notary Public
	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 45%;"></div> <div style="border-bottom: 1px solid black; width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between;"> County Commission Expires </div>

Checklist of Required Documents

<input type="checkbox"/> NPM-US Certification of Brand Family and Units Sold <input type="checkbox"/> NPM-A Certification of Appointment of Agent for Service of Process and attachments <input type="checkbox"/> NPM-AI Certification of Additional Information <input type="checkbox"/> NPM-S Non-Participating Manufacturer's Sales Information <input type="checkbox"/> NPM-B Non-Participating Manufacturer Bond (with proof of surety) <input type="checkbox"/> Federal PACT Registration Form, if applicable	<input type="checkbox"/> Qualified Escrow Agreement <input type="checkbox"/> Sample packaging for each brand family identified in Part 3 (unless previously supplied and it has not changed) <input type="checkbox"/> Proof of Deposit for Part 6 <input type="checkbox"/> Bank records confirming deposits, withdrawals or transfers for Part 7 <input type="checkbox"/> Any Brands Addendum pages for Part 3 Brand Family Certification <input type="checkbox"/> Any Accounts Addendum pages for Part 7 Certification of Deposits, Withdrawals and Transfers
Submit the completed certification and other required documentation to the Tobacco Enforcement Unit at this address: New Jersey Office of the Attorney General Division of Law 124 Halsey Street P.O. Box 45029 Newark, New Jersey 07101 ATTN: Tobacco Enforcement	For Additional Information: Phone Tobacco Enforcement Unit at (609) 696-5363 Or visit https://www.njoag.gov/resources/tobacco-manufacturers-directory

	<p align="center">State of New Jersey Non-Participating Manufacturer Certification of Brand Family and Units Sold</p>	<p align="center">NPM-US</p>
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General Information

Who must file this Certification?

Any Non-Participating Manufacturer whose cigarettes or roll-your-own tobacco (RYO) were sold in New Jersey during the preceding calendar year or who intend for their brands to be listed as compliant in the New Jersey Attorney General's Manufacturers Directory. **If a brand is not listed in this certification, it will not be listed in the Directory.**

What is a Non-Participating Manufacturer?

A Non-Participating Manufacturer (NPM) is any cigarette (including RYO) manufacturer who has not signed on to the tobacco Master Settlement Agreement (MSA).

It is unlawful to stamp or offer for sale in the State of New Jersey any cigarette or RYO brand which is not included in the New Jersey Attorney General's Manufacturers Directory. Non-Participating Manufacturers will receive written notification when their brands have been deemed compliant for sale in New Jersey.

What is a qualified escrow fund?

An escrow arrangement with a U.S. federal or U.S. state chartered financial institution having no affiliation with any Tobacco Product Manufacturer and having assets of at least one billion dollars (\$1,000,000,000) where such arrangement requires that the financial institution hold the escrowed funds' principal for the benefit of Releasing Parties and prohibits the Tobacco Product Manufacturer placing the funds into escrow from using, accessing or directing the use of the funds' principal except as consistent with the applicable NPM Statutes.

All funds shall be held by the Escrow Agent in sub-accounts separate and apart from all other funds and sub-accounts of each Beneficiary State.

When must I make my escrow payment?

You must deposit all escrow payments into your qualified escrow fund on or before April 15 of each year for the preceding year's sales. After you have made your deposit, provide a copy of your receipt or other proof of deposit from your financial institution, along with your escrow agreement, any amendments and this certification.

Updates required

The NPM shall update its certification list at least 30 days prior to any addition to or modification of the NPM's brand families by executing and delivering a supplemental certification to the Attorney General.

When is this Certification due?

The annual Certification must be filed with the Attorney General no later than April 30 of each year for the preceding year's sales. An initial certification may be filed at any time.

Where do I send my completed Certification?

Mail this completed Certification (NPM-US), the NPM-A form (Certification of Appointment of Agent for Service of Process), the NPM-AI (Certification of Additional Information), NPM-S (Non-Participating Manufacturer's Sales Information), NPM-B (Bond) and related documents to:

Tobacco Enforcement Unit
Division of Law
124 Halsey Street
P.O. Box 45029
Newark, New Jersey 07101

Specific Instructions for NPM-US Form

Part 1: Certification Year and Type of Certification

- Check appropriate certification year. You must submit a separate certification for each year you are certifying.

	<p align="center">State of New Jersey Non-Participating Manufacturer Certification of Brand Family and Units Sold</p>	<p align="center">NPM-US</p>
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- If “Other” is checked, enter liability year for which certification is being provided.
- Check whether this is an initial (manufacturer is not currently listed on the New Jersey Directory), annual (due April 30, 2025 for 2024 sales) or supplemental (change of information provided to the Attorney General) certification.

Part 2: Manufacturer Identification

Provide your company name, address, phone, fax, web address, FEIN, and name and title of person completing the form.

Part 3: Brand Family Certification

- Fabricator: Entity that assembles the tobacco product for consumer use, i.e., assembles tobacco into cigarettes or blends and packages tobacco into RYO tobacco.
- Brand Family: Provide the brand name, which may include many brand styles (menthol, 100's, etc.).
- Identify each Brand Family of all cigarettes that the company intends to sell in New Jersey, either directly or indirectly through any distributor, wholesale dealer, retailer or similar intermediary, and seeks to have included in the Directory.
- Flavoring: Identify RYO, cigarettes or a component part thereof that causes cigarettes or smoke from them to have a characterizing flavor other than menthol, clove or tobacco.
- If more than one company manufactures a brand you are certifying (e.g., you manufacture only the RYO or only the menthol cigarettes, etc. for a given brand), provide a written explanation of which brand styles you manufacture. Identify the other manufacturer by name and address, and provide a list of brand styles they manufacture, if known. If the identity of the other manufacturer is unknown, provide the name and address of the trademark owner for the brand. Only one company can certify for a brand family.

- Check whether the product is cigarettes or RYO. Where a brand is offered as both cigarettes and RYO, make a separate entry for each.
- Units sold: List the total RYO ounces and total cigarette sticks separately for both the preceding calendar year and the current calendar year (as of the date of certification).
- If you were not the manufacturer of a listed brand in the preceding year, identify by name and address the manufacturers of such Brand Families.
- Provide original packaging for one brand style which is representative of each brand family to be certified. Flat, empty cartons are preferred. If you have previously supplied packaging to the Attorney General and if the packaging has not changed, samples need not be supplied with this certification. Place a check mark in the column provided for each brand family to which this applies. Submit new packaging each time you change your packaging or add new brand families.
- The Attorney General may require a tobacco product manufacturer to submit any additional information including, but not limited to, samples of the packaging or labeling of each brand family as is necessary to enable the Attorney General to determine whether a tobacco product manufacturer is in compliance with N.J.S.A. 52:4D-1 et seq.

Part 4: Certification of Escrow Account and Agreement

- Identify the name, address, phone and fax number for the financial institution (escrow agent) where the NPM has established a qualified Escrow Fund pursuant to N.J.S.A. 52:4D-1 et seq.
- Provide the name and e-mail address for a contact person at the financial institution.

	<p align="center">State of New Jersey Non-Participating Manufacturer Certification of Brand Family and Units Sold</p>	<p align="center">NPM-US</p>
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- Escrow Account Number: Provide the account number for the main escrow account, if one exists.
- New Jersey Sub-Account Number: Provide the account number for the New Jersey sub-account to which a deposit or deposits have been made for the liability year identified in Part 5.
- Total amount held in this account for the State of New Jersey: Amount held in the New Jersey sub-account identified as of the date of certification.
- If there are any other accounts held for the benefit of the State of New Jersey, provide the total amounts held in these accounts (including the sub-account listed in Part 4) as of the date of certification.
- If your escrow agreement has been approved by the Attorney General under N.J.S.A. 52:4D-1 et seq. check “Yes.” Please provide the effective date of the Escrow Agreement as well as the date of approval by the Attorney General, and attach an executed copy.
- If your escrow agreement has not been approved by the Attorney General under N.J.S.A. 52:4D-1 et seq. check “No” and attach an executed copy.

Part 5: Worksheet for Cigarettes Sold During Liability Year

Use the instructions in the worksheet to convert RYO product to sticks and combine it with the cigarette stick count for the liability year. The result of this calculation will be used to determine the deposit amount in Part 6.

Part 6: Deposit Amount

- Use Lines 1 through 3 to calculate the total amount to be paid into escrow for the liability year identified in Part 5.
- The amount listed on Line 4 should include the total of any quarterly, reconciliation, or other payments which have been made for the liability year identified in Part 5, as of the date of certification.

- The amount listed on Line 5 is the difference, if any, between the amounts listed on Line 3 and Line 4.
- Attach proof of deposit(s) from your financial institution. Proof must include the account number of the New Jersey sub-account, the date of deposit, and the amount of deposit. Such proof can be submitted as a letter from the bank.
- Provide an explanation for any discrepancy between the amounts listed on Lines 3 and 4.

Part 7: Certification of Deposits, Withdrawals, and Transfers

- Use a separate page for each account or sub-account in which funds are held for the benefit of the State of New Jersey.
- Identify the New Jersey sub-account number and escrow agent (financial institution).
- Provide dates and amounts of deposits, withdrawals, and transfers for all activity prior to the date of certification.
- For ANY withdrawal or transfer, you must provide a brief explanation.
- For initial certification under N.J.S.A. 52:4D-1 et seq., provide all deposit, withdrawal, or transfer activity (for each account) for the entire time each account has been funded.
- For any accounts where New Jersey funds are NOT held separate and apart from that of other states, all activity must be reported, regardless of whether it involves funds held for the State of New Jersey.
- Provide records from the Financial Institution to document any account activity.

Part 8: Designated Contact

Provide the name, title, address, phone and fax numbers, and e-mail address for the individual the Attorney General should contact with respect to matters relating to this certification. The designated contact is the individual who will receive Attorney General mailings, including the annual certification mailing.

	<p align="center">State of New Jersey Non-Participating Manufacturer Certification of Brand Family and Units Sold</p>	<p align="center">NPM-US</p>
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Part 9: Manufacturer Certification

The authorized designee executing the certification must be an officer, principal, director or other authorized representative of the manufacturer. The authorized designee's name and title must be legibly printed and the signature must be notarized.