## 2024 - Maine

## Non-Participating Manufacturer

## Quarterly Certificate of Escrow Compliance

**Failure to fill out this form completely may result in delay or denial of certification**

**PART 1: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION**

|  |  |  |
| --- | --- | --- |
| Company Name | | |
| Mailing Address | | |
| Physical Address of all Factories/Plants at which Products are Fabricated | | |
| Telephone Number | Fax Number | E-mail Address |
| Name/Title of Person Completing Report | | |
| Name of any manufacturer with whom the applicant has an agreement or contract regarding fabrication of tobacco products | | |

A. This Quarterly Certification and Filing Deadlines are for the following period (check one):

* January 1 – March 31, 2024 ❑ Original ❑ Amended

⇨ Deposit to Maine sub-account deadline: April 30, 2024

**⇨ amount deposited $ date .**

* April 1 – June 30, 2024 ❑ Original ❑ Amended

⇨ Deposit to Maine sub-account deadline: July 30, 2024

**⇨ amount deposited $ date .**

* July 1 – September 30, 2024 ❑ Original ❑ Amended

⇨ Deposit to Maine sub-account deadline: October 31, 2024

**⇨ amount deposited $ date .**

* October 1 – December 31, 2024 ❑ Original ❑ Amended

⇨ Deposit to Maine sub-account deadline: January 30, 2025

**⇨ amount deposited $ date .**

***Note: The Attorney General’s Office will not process incomplete or illegible certifications.***

**PART 2: BRAND FAMILY IDENTIFICATION (ATTACH ADDITIONAL SHEETS IF NECESSARY)**

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The non-participating manufacturer identified in Part 1 has the following brand families, each of which the manufacturer affirms are to be deemed its cigarettes and/or RYO for purposes of 22 M.R.S.A. §§ 1580-G, *et seq*.

|  |  |  |
| --- | --- | --- |
| **Distributor** | **Brand Family** | **Units Sold this Quarter** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PART 3: AGENT/DISTRIBUTOR INFORMATION**

**Answer all of the following questions:**

**A.** The registered agent identified on this TPM’s most recent annual

certification continues to be the registered agent for this TPM. ❑ Yes ❑ No

B. The financial institution information provided on this TPM’s most

recent annual certification remains accurate. ❑ Yes ❑ No

C. The escrow agreement provided with this TPM’s most recent

annual certification remains in force and unchanged. ❑ Yes ❑ No

D. If the answer to **A, B** and/or **C** above is No, explain and provide supporting

documentation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Stamping Agents/Distributors

Complete this section for each stamping agent/distributor selling manufacturer’s product in Maine.

|  |  |  |
| --- | --- | --- |
| **Distributor** | **Distributor Address** | **Brand** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PART 4: EXECUTION BY AUTHORIZED DESIGNEE**

**Under penalty of perjury, I state that the information contained in this Certification, including but not limited to any accompanying statements or attachments, is true and accurate, and that I am a person authorized to bind the tobacco product manufacturer making this Certification under both the laws of the State of Maine and of the jurisdictions where the tobacco product manufacturer is organized and where the tobacco product manufacturer conducts business.**

**sign**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designee (Print Name) Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Designee Date

Subscribed and sworn to before me on this date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**here ►**

**Email completed certificate of compliance to:**

[Elizabeth.reardon@maine.gov](mailto:Elizabeth.reardon@maine.gov) and [laurie.simpson@maine.gov](mailto:laurie.simpson@maine.gov)

**OR**

**Mail completed certificate of compliance to:**

Maine Office of Attorney General

Attn: Elizabeth Reardon, Assistant Attorney General

6 State House Station

Augusta, Maine 04333-0006