

Tobacco Product Manufacturer Certificate of Compliance

Part IV: Non-participating Manufacturer Certification

A. Qualified Escrow Fund

1. **Cigarettes Sold In Alaska.** Enter the number of cigarettes sold in Alaska during the sales year.

(From Part III, Column D)

Escrow Rates and Payments

Sales Year		A Escrow Rate	B Inflation Adj.	C Adjusted Rate
2000	The rate per cigarette is.....	0.0104712	0.0006794	0.0111506
2001	The rate per cigarette is.....	0.0136125	0.0013181	0.0149306
2002	The rate per cigarette is.....	0.0136125	0.0017660	0.0153785
2003	The rate per cigarette is.....	0.0167539	0.0027414	0.0194953
2004	The rate per cigarette is.....	0.0167539	0.0033761	0.0201300
2005	The rate per cigarette is.....	0.0167539	0.0040637	0.0208176
2006	The rate per cigarette is.....	0.0167539	0.0046882	0.0214421
2007	The rate per cigarette is.....	0.0188482	0.0062587	0.0251069
2008	The rate per cigarette is.....	0.0188482	0.0070119	0.0258601
2009	The rate per cigarette is.....	0.0188482	0.0077877	0.0266359
2010	The rate per cigarette is.....	0.0188482	0.0085868	0.0274350
2011	The rate per cigarette is.....	0.0188482	0.0094099	0.0282581
2012	The rate per cigarette is.....	0.0188482	0.0102576	0.0291058

2. **Escrow payment required.** Multiply the number of cigarettes sold on line 1 by the appropriate rate in **column C.** (Refer generally to Exhibit C of the Tobacco Master Settlement Agreement for calculation of the cumulative adjustment for inflation applicable to each year's escrow payment) \$ _____

B. Financial Institution Certification

(To be completed by Authorized Agent of Financial Institution where the escrow account was established)

Representative Name		Phone Number	
Name of Institution		Fax Number	
Mailing Address	City	State	Zip Code
Escrow Account Number	State Account Number	Email Address	

Amount deposited into the qualified escrow account for the sales year identified in Part II \$ _____

Balance as of _____ in qualified escrow account for the benefit of the State of Alaska \$ _____
Date

C. Escrow Deposit/Withdrawal History for Alaska

Date	Deposit	Withdrawal	Balance

Note: Initial certification should include a complete history of activity in the escrow account. Annual certifications thereafter should be for the applicable sales year.

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Part V: PACT Act Registration (must be completed by both PMs and NPMs)

1. **Are you registered with ATF?** Yes No
 If yes, please attach a copy of your ATF registration
 If no, please submit your registration to ATF before proceeding
2. **Are you registered to do business in Alaska?** Yes No
 If yes, provide Alaska Corporation File # _____ and Alaska Business License # _____
 If no, you are required to appoint a resident agent for service of process and complete item A below.

Agent Name		Phone Number	
Company Name		Fax Number	
Mailing Address	City	State	Zip Code
Email Address			

Part VI: Signatures (Nonparticipating manufacturers must obtain a signature from an authorized agent of the financial institution where the escrow account is maintained)

Under penalty of perjury, I state that, to the best of my knowledge, all of the information contained in the Certificate of Compliance is true and accurate.
 (This certificate of compliance must also be signed and dated by an authorized notary public)

Printed Name of Authorized Agent of Manufacturer	Title
Signature of Authorized Agent of Manufacturer	Date

Printed Name of Authorized Agent of Financial Institution	Title
Signature of Authorized Agent of Financial Institution	Date

Subscribed and sworn to before me on this date	
Signature of Notary Public	City or County of
My Commission expires	

You must retain all supporting documents substantiating this Certificate of Compliance for a period of five years.