

**STATE OF SOUTH CAROLINA
TOBACCO PRODUCT MANUFACTURER CERTIFICATE OF COMPLIANCE**

**2024 PARTICIPATING MANUFACTURER APPLICATION FOR
CERTIFICATION FORM**

FILING DEADLINE is April 30, 2024. Certification Forms must be postmarked no later than **April 30, 2024** to avoid removal from the South Carolina Tobacco Directory.

The Attorney General's Office will not process incomplete or illegible Certification Forms.

The denial of a certification, removal of the Applicant or its brands from any other state's tobacco directory, or failure to notify the South Carolina Attorney General's Office of same, may, in the Attorney General's sole discretion, result in denial of this certification or immediate removal from the South Carolina Tobacco Directory at any time.

NOTE: The Affidavit of Tobacco Product Manufacturer

PART 2: BRAND FAMILIES

A. Tobacco Brand Documentation:

Provided	N/A	
		Please attach documentation, which provides the following information:
		Brand Names: List all brands Applicant seeks to certify for the current sales year.
		Cigarette or RYO: Indicate whether the brand family is a rolled cigarette or RYO tobacco.
		Sample Packaging: Please provide a digital sample of relevant tobacco product packaging.
		UPC Codes: Please provide a current listing of all UPC codes of cigarettes and RYO products that are manufactured by your company.
		Current Trademark Holder: Include the name and address of the current trademark holder. Please include a certified copy of the current trademark.
		Prior Trademark Holder: Include the name and address of all prior trademark holders.
		Identify Wholesalers and Distributors to Whom Cigarettes were Sold for Distribution in the State of South Carolina: List wholesaler/distributor, address, telephone number, and email address.

B. Additional Documentation:

Provided	N/A	
		Attach the following documents or information, which will not apply to RYO tobacco:
		Federal Trade Commission (“FTC”): Attach the FTC’s written approval of the Applicant’s <u>current</u> Cigarette Health Warning Rotation Plan.

Centers for Disease Control: For each brand family, list the name and address of the entity that submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as

PART 4: DISCLOSURES

YES NO N/A Check Yes, No,

