

Tobacco Product Manufacturer Certificate of Compliance

510

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.

A. Registered Agent

Agent Name		Telephone 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.

510