





## Alaska Tobacco Product Manufacturer Certificate of Compliance

**Part V: Prevent All Cigarette Trafficking Act (PACT Act) Registration** (Must be completed by both Participating Manufacturers and Non-Participating Manufacturers.)

1. **Are you registered with the Bureau of Alcohol, Tobacco, Firearms and Explosives (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, please provide your Alaska Corporation File No. \_\_\_\_\_ and Alaska Business License

No. \_\_\_\_\_.

If no, you are required to appoint a Resident Agent for service of process and complete item A below.

**A. Registered Agent**

Agent Name		Phone	
Company Name		Fax	
Mailing Address	City	State	ZIP Code
Email Address			

**Part VI: Signatures** (Non-Participating 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 this 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.*