

Alaska 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 Adjusted	C Adjusted Rate
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
2013	The rate per cigarette is.....	0.0188482	0.0111308	0.0299790
2014	The rate per cigarette is.....	0.0188482	0.0120301	0.0308783
2015	The rate per cigarette is.....	0.0188482	0.0129565	0.0318047
2016	The rate per cigarette is.....	0.0188482	0.0139106	0.0327588
2017	The rate per cigarette is.....	0.0188482	0.0148934	0.0337416
2018	The rate per cigarette is.....	0.0188482	0.0159057	0.0347539
2019	The rate per cigarette is.....	0.0188482	0.0169483	0.0357965

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	
Name of Institution		Fax	
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 _____ Date in qualified escrow account for the benefit of the State of Alaska\$ _____

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: 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.