

(New 01/01)

**Certificate of Compliance by Nonparticipating Manufacturer**

**IMPORTANT:** An authorized agent of the nonparticipating manufacturer must complete and sign Part I before a notary public. The nonparticipating manufacturer is also responsible for having an authorized agent of the financial institution complete and sign Part II before a notary public, and for filing Form TPM-1 with the Office of the Attorney General on or before April 30, 2001. Read the additional instructions on the back of this form.

**Part I – To be completed by Nonparticipating Manufacturer and signed before a notary public**

1. Name of Nonparticipating Manufacturer			2. Telephone ( )	
3. Address (number and street) or PO Box			4. FAX ( )	
5a. City, Town or Post Office	5b. State or Province	5c. Country	6. E-mail Address	
7. Name of financial institution holding the qualified escrow fund		8. Account Number of qualified escrow fund		
9. Has money been placed into qualified escrow fund for other settling states? <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Account balance (including amount reported in Box 13)	\$	.
11. Number of nonparticipating manufacturer's cigarettes sold to consumers within Connecticut, whether directly or through a distributor, dealer or similar intermediary or intermediaries, between July 1, 2000, and December 31, 2000.				
12. Amount required to be placed into qualified escrow fund for Connecticut sales (Multiply Box 11 by \$.0111506)			\$	.
13. Amount placed into qualified escrow fund and attributable to Connecticut sales reported in Box 11			\$	.

I declare under the penalty of false statement that I have examined Part I of this form and, to the best of my knowledge and belief, it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.) I authorize the financial institution named above to verify the balance in the bank account identified above, and any deposits thereto and withdrawals therefrom, for the State of Connecticut, Office of the Attorney General, upon request.

\_\_\_\_\_  
Signature of authorized agent of nonparticipating manufacturer\_\_\_\_\_  
Printed or typed name of authorized agent\_\_\_\_\_  
Title of authorized agent

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature (Notary Public)\_\_\_\_\_  
My Commission expires:**Part II – To be completed by financial institution holding qualified escrow fund and signed before a notary public**

14. Name of financial institution holding the qualified escrow fund			15. Telephone ( )	
16. Address (number and street) or PO Box			17. FAX ( )	
18a. City, Town or Post Office	18b. State	18c. ZIP Code	19. E-mail Address	

I declare under penalty of false statement that the nonparticipating manufacturer named above has placed money into the bank account identified above and that I have examined Part II of this form and, to the best of my knowledge and belief, it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed \$2,000, or both.) In accordance with the authorization given by the nonparticipating manufacturer mentioned above, I agree to verify the balance in the account identified above, and any deposits thereto and withdrawals therefrom, for the State of Connecticut, Office of the Attorney General, upon request.

\_\_\_\_\_  
Signature of authorized agent of financial institution\_\_\_\_\_  
Printed or typed name of authorized agent\_\_\_\_\_  
Title of authorized agent

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature (Notary Public)\_\_\_\_\_  
My Commission expires:

# Form TPM-1 Instructions

## Who Must File

Each nonparticipating manufacturer selling cigarettes to consumers within Connecticut, whether directly or through a distributor, dealer, or similar intermediary or intermediaries, must establish a qualified escrow fund for the benefit of the State of Connecticut and other settling states, place the required amount of money into a qualified escrow fund, and file **Form TPM-1**.

## Definitions

The following terms are defined in **Special Notice 2001(1)**, *Escrow Accounts Required to be Established by Nonparticipating Manufacturers*, and have the same meaning when used on this form:

- Tobacco product manufacturer,
- Cigarette,
- Nonparticipating manufacturer,
- Settling states,
- Qualified escrow fund,
- Adjusted for inflation.

## When and Where to File

On or before **April 15, 2001**, the nonparticipating manufacturer must place the required amount of money into a qualified escrow fund.

On or before **April 30, 2001**, the nonparticipating manufacturer must send **Form TPM-1**, and a copy of the escrow agreement signed by the nonparticipating manufacturer and the financial institution, to the following address:

State of Connecticut  
Office of the Attorney General  
PO Box 120  
55 Elm Street  
Hartford CT 06141-0120

## For Further Information

See **Special Notice 2001(1)**, *Escrow Accounts Required to be Established by Nonparticipating Manufacturers*, which you may download from the DRS web site: [www.drs.state.ct.us](http://www.drs.state.ct.us), or contact:

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