

**CERTIFICATION OF ENROLLMENT – STATE OF WASHINGTON
[RCW 70.158]**

PART 1: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

Company: _____

Address: _____

Physical/Street address if different: _____

Telephone: _____ Email: _____

Company Website: _____

Name and Title of Person Completing Report: _____

Person to contact and telephone/email (if different): _____

The Tobacco Product Manufacturer identified above is, as of the date of this Certification:
(Initial One)

_____ **A Participating Manufacturer under the Tobacco Master Settlement Agreement**

_____ **A Tobacco Product Manufacturer in full compliance with RCW 70.157**

PART 2: SALES YEAR

Year of Sales for this Certificate of Enrollment is _____

PART 3: BRAND FAMILY IDENTIFICATION (Attach additional Sheets if necessary)

Participating Manufacturers complete A, B, F, and G;

Non Participating Manufacturers complete A through G.

A. Brand Family Name	B. Brand Style	C. Units Sold Preceding Year*	D. Units Sold Current Year	E. Manufacturer

*Indicate with an asterisk those brands that will not be sold in 2026.

F. Have you attached a copy of your federal PACT Registration as filed with US Department of Justice? _____

G. Have you attached a copy of the current approved fire safe certification from the Washington Fire Marshal for all brand styles listed in Part 3 above? _____

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PART 4: NON-PARTICIPATING MANUFACTURER CERTIFICATION

A. Have you attached a copy of the current US Treasury, Tobacco Tax Bureau (TTB) permit(s) to manufacturer tobacco products? _____

B. Registered Agent for service of process

Agent Name: _____

Company: _____

Street Address: _____

Telephone: _____ Email: _____

(1) Have you attached signed Statement of Registered Agent (RCW 70.158.040) _____

(2) Is the NPM Applicant registered to do business in Washington? _____

(3) List the Washington tobacco licenses or endorsements held by the NPM _____

(4) UBI number: _____

C. List all other states in which you are certified: _____

D. Identify the Washington-licensed Distributors or Wholesalers to which cigarettes were or will be sold and provide contact person, address, phone, and email for each entity: _____

(attach a separate sheet if necessary)

E. (1) Has the NPM Applicant been enjoined or banned from selling tobacco products by any court order or government agency ruling or determination? _____

(2) Has the NPM Applicant had a judgment entered against it for failure to pay any escrow funds alleged to be due? _____

If you answered yes to either (1) or (2), list the courts or government agencies issuing any such orders or judgments and give the identifying case caption and assigned case number: (Attach additional sheets if necessary.)

F. What is the source of the tobacco used in fabricating the cigarettes listed in Part 3? List the tobacco provider, address, phone, and email:

G. Have you attached federal approval documentation? _____

(1) Current HHS/CDC approved ingredient listing _____

(2) Current FDA or FTC Health warning label rotation plan _____

H. Have you attached ownership documentation for any trademarks registered with the US Patent & Trademark Office for all brand families listed in Part 3? _____

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I. Qualified Escrow Fund – Financial Institution

Name of Escrow Agent: _____

Address: _____

Account Representative Name: _____

Telephone: _____ Email address: _____

Escrow Acct No: _____ State Sub-Account No: _____

Have you attached the executed Escrow Agreement and Attachment A? _____

If the applicant has previously provided the Escrow Agreement, check here _____

(If checked, and the agreement has not been amended, no additional copy of the Escrow Agreement is required.)

J. Escrow Deposit/Withdrawal History for Washington

Attach a statement prepared by the Escrow Agent complying with the requirements of the Escrow Agreement.

Date	Deposit	Withdrawal	Balance

Part 5: Execution by Authorized Designee

Under penalty of perjury, I state that the information contained in this Certification is true and accurate. I affirm that my signature has the authority to bind the applicant.

Designee (Print Name): _____ Title: _____

Signature of Designee: _____ Date: _____

Subscribed and sworn to before me on this date: _____

Signature of Notary Public: _____ City of County of _____

My Commission Expires: _____

Mail the completed certification of enrollment to the following mailing address or, if by courier, to our delivery address:

NPM Coordinator
Office of the Attorney General
Revenue & Finance Division
PO Box 40123
Olympia, WA 98504-0123

OR NPM Coordinator
Office of the Attorney General
Revenue & Finance Division
7141 Cleanwater Drive SW
Tumwater, WA 98501