



Certification of Tobacco Master Settlement Agreement Status

Tobacco product manufacturer identification *(type or print)*

Legal name of manufacturer		Federal employer identification number (EIN)	
Mailing address <i>(number and street or PO box)</i>		City or town	
State or province	Country		ZIP code
Telephone number <i>(include area code or country code)</i> ()	Fax number <i>(include area code or country code)</i> ()	Date business began in New York State <i>(month, day, year)</i>	

Mark an **X** in this box if this is an amended certification.

Certification

Mark an **X** in the applicable box to indicate that the entity is either a participating or non-participating manufacturer.

I certify that the above-named tobacco product manufacturer is:

- a participating manufacturer in the Tobacco Master Settlement Agreement as defined in Public Health Law (PHL) section 1399-pp that has generally performed its financial obligations under the Tobacco Master Settlement Agreement; or
- a non-participating manufacturer as defined in the Tobacco Master Settlement Agreement in full compliance with the provisions of PHL section 1399-pp, including all required escrow deposits.

I also certify that I have attached Form CG-30.1, *Information Regarding Brands Sold in New York State*, listing all brands of cigarettes of the above-named tobacco product manufacturer sold for consumption in New York State (NYS) from January 1 of the previous calendar year until the date of this certification.

I also certify that if I am a manufacturer first introducing my products for sale in NYS, I have attached Form CG-30.1 listing all brands I intend to sell in NYS effective: _____ (month) _____ (day), _____ (year).

If I marked box 2 above certifying that the tobacco product manufacturer is a non-participating manufacturer, I also certify that I have attached to the copies of this certification, which are sent to the Commissioner of Taxation and Finance and the Attorney General of NYS, a copy of Form CG-30.2, *Information Regarding Escrow Deposit*, covering the calendar year beginning January 1 of the year prior to the year in which this certification is made.

If this is an amended certification, and if the tobacco product manufacturer is a non-participating manufacturer, I certify by marking box 2 above that I provided a copy of Form CG-30.2 for the calendar year 20_____ to the Commissioner of Taxation and Finance and the Attorney General of NYS on _____ (month) _____ (day), _____ (year) (date of current certification on file).

State of New York, County of _____

Under penalty of perjury, I declare that the statements contained in this certification, including any accompanying statements or attachments, are true, correct, and complete in every particular, and that I am a person authorized to bind the manufacturer making this certification either under the laws of NYS or of the jurisdiction where the manufacturer resides or is organized. This certification is made to induce NYS tax agents to affix NYS tax stamps, pursuant to the Tax Law, onto the cigarettes of the above-named tobacco product manufacturer that are to be sold within NYS.

Authorized signature	Title	
Printed name	Date	

Subscribed and sworn to or affirmed before me this ____ day

of _____ 20 ____

Notary Public: NYS*

My commission expires: _____

Seal:

*If sworn or affirmed outside of NYS, please see Form CG-30-I, *Instructions for Form CG-30*.