



**State of Tennessee  
Office of the Attorney General and Reporter  
Revenue Section  
Tobacco Enforcement Division  
Post Office Box 20207  
Nashville, TN 37202-0207**

**Certification  
Year:**

**United States Importer Declaration Form**  
Pursuant to Tenn. Code Ann. §§ 67-4-2601 *et seq.*

This Declaration must be executed by an officer of the Importer with authority to bind the Importer to the requirements of Tennessee law as stated below. Execution of this Declaration is an assertion that all information provided is true and correct, and that the Importer accepts and agrees to all the terms specified below.

**STATUTORY REQUIREMENTS**

Pursuant to Tenn. Code Ann. § 67-4-2602, a Non-Participating Manufacturer (“NPM”) located outside of the United States must provide a declaration from each of its importers to the United States that such importer accepts joint and several liability with the NPM for:

1. All escrow deposits due under subsection Tenn. Code Ann. § 47-31-103(a)(2)(A).
2. All penalties assessed under subsection Tenn. Code Ann. § 47-31-103(a)(3).
3. Payment of all costs and attorney fees pursuant to any successful action under Tenn. Code Ann. §§ 47-31-101 *et seq.*, against said manufacturer.

Further, the importer has appointed a registered agent for service of process in this state according to the same requirements as established in this part for any non-resident or foreign non-participating manufacturer that has not registered to do business in this state as a foreign corporation or business entity.

**Submit this completed form and all attachments with the  
Annual Directory Certification Application. Mail to:**

Office of the Tennessee Attorney General and Reporter  
Revenue Section  
Tobacco Enforcement Division  
P.O. Box 20207  
Nashville, TN 37202

**IMPORTER INFORMATION**

Importer Name: \_\_\_\_\_

Type of Business entity:

- Sole Proprietorship
- General Partnership
- Limited Partnership
- Corporation
- Limited Liability
- Other (specify): \_\_\_\_\_

**Include with Declaration:**

- | <b>Attached</b>          | <b>N/A</b>               |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | A copy of the current Articles of Incorporation   |
| <input type="checkbox"/> | <input type="checkbox"/> | A copy of the current Certificate of Limited Partnership  |
| <input type="checkbox"/> | <input type="checkbox"/> | A copy of the current Articles of Organization  |
| <input type="checkbox"/> | <input type="checkbox"/> | A copy of the Importer's current Tobacco Importer's Permit issued by the United States Alcohol and Tobacco Trade Bureau, with any amendments. |

Trading as (list all names ever used):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Federal Employers Identification Number: \_\_\_\_\_

Federal Tobacco Importer Identification Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

List the name, title and dates of service for all current and past Officers, Directors and/or Partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NON-PARTICIPATING MANUFACTURER IDENTIFICATION

Importer declares that it is a United States importer for the following NPM. Please identify the foreign NPM whose products you import into the United States. *The Importer must complete this form for each manufacturer it represents; multiple NPMs may not be included on the same form.*

Manufacturer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### IMPORTER'S RESIDENT AGENT FOR SERVICE OF PROCESS

Resident Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Proof of Appointment.** Attach an original letter from the resident agent accepting appointment as agent for service of process in Tennessee for the relevant sales year. Check the box to acknowledge that the letter is attached to this form.

**If the Tobacco Product Importer is represented by outside counsel for the purpose of compliance with Tenn. Code Ann. §§ 47-31-101 *et seq.* and 67-4-2601 *et seq.*, provide the following information:**

Firm Name: \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

The Importer identified above imports into the United States cigarettes manufactured by:

\_\_\_\_\_

List the brand families imported on behalf of the Tobacco Product Manufacturer identified above.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Importer imports these cigarettes under (check one):

- Written contract commencing \_\_\_\_\_ and expiring \_\_\_\_\_
- Oral contract or informal agreement
- A copy of the contract or informal agreement is attached.

**DECLARATION**

I certify that all of the information contained in this declaration and any attachments are true and accurate, and that I am authorized, under the laws of the state of Tennessee or the jurisdiction where the importer resides or is organized, to bind the importer making this certification.

Pursuant to Tenn. Code Ann. § 47-31-103(a)(2)(a), I declare that the importer accepts joint and several liability with the identified foreign Non-Participating Manufacturer for all escrow deposits due under subsection Tenn. Code Ann. § 47-31-103(a)(3), and amendments thereto; all penalties assessed under Tenn. Code Ann. § 47-31-103(a)(3), and amendments thereto; and payment of all costs and attorney fees pursuant to any successful action under Tenn. Code Ann. § 47-31-103(c), and amendments thereto, against the identified foreign Non-Participating Manufacturer.

In addition, I also declare that the importer:

1. Has appointed a resident agent for service of process in Tennessee.
2. Consents to the jurisdiction of the Courts of Davidson County, Nashville, Tennessee, for the purposes of enforcing Tenn. Code Ann. §§ 47-31-101 *et seq.* and Tenn. Code Ann. §§ 67-4-2601 *et seq.*
3. Has waived any sovereign immunity defenses in a form and manner acceptable to the Attorney General.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Officer/Agent for Importer

\_\_\_\_\_  
Name and Title (*Please Print*)

On \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_,

Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the instrument herein and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal:

Signature: \_\_\_\_\_

My Commission Number: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_