



ALABAMA DEPARTMENT OF REVENUE

BUSINESS & LICENSE TAX DIVISION

TOBACCO TAX SECTION

P.O. Box 327555 • Montgomery, AL 36132-7555 • (334) 242-9627
www.revenue.alabama.gov

**Tobacco Product Manufacturer Certificate of Compliance
(Including Importers)
For Sales Year 2025**

PART 1 – TOBACCO PRODUCT MANUFACTURER (TPM) IDENTIFICATION

Company: _____ FEIN: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Telephone Number: (_____) _____ FAX Number: (_____) _____

E-mail Address: _____

Name and Title of Person Completing Report: _____

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 Alabama Code Section 13A-14-101

Federal Permit Number (26 U.S.C. § 5713):

Participating Manufacturers – complete Col

Attach additional sheets if necessary.

1Indicate with an asterisk (*) those brands that will not be sold in Alabama as of the date of certification.

PART 3 – NON-PARTICIPATING MANUFACTURER/IMPORTER CERTIFICATION

A. Registered Agent/Approved Agent for Service of Process

Agent Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ FAX Number: (_____) _____

NOTE: Telephone number and fax number must be Alabama numbers.

E-mail Address: _____

Registered with the Secretary of State as a foreign corporation or business entity? Yes No

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City: _____ State: _____ Zip Code: _____

Representative Name: _____ Telephone Number: () _____

Escrow Account Number: _____ State Account Number: _____

C. Escrow Deposit/Withdrawal History for Alabama – Attach NPM Certificate of Escrow Deposit

(Initial certification should include a complete history. Annual certifications thereafter should be for the applicable sales year.)

PART 4 – EXECUTION BY AUTHORIZED AGENT

Under penalty of perjury, I state that the statements contained in this certification are true, correct and complete. This certificate is made to induce the State of Alabama to place the above-named manufacturer and its brand family on the Directory of Compliant Tobacco Products and Manufacturers in Alabama. I further certify that the above-named manufacturer is in full compliance with Title 6, Chapter 12, of the Alabama Code.

Name of Authorized Agent (Print): _____ Title: _____

Signature of Authorized Agent: _____ Date: _____

Subscribed and sworn to before me on this date: _____

Signature of Notary Public: _____

Notary for the State of: _____ City or County of: _____

My Commission expires:

Mail the completed TRM Certificate of Compliance to: Alabama Department of Revenue

Attn: Commissioner of Revenue
P.O. Box 327555
Montgomery, AL 36132-7555

² Withdrawals must comply with Alabama Code §6-12-3. Verification of compliance must be provided.