



**Part 1: Non-Participating Manufacturer's (NPM) Identification**

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

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

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

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

**Part 2: Amount of Bond or Cash Equivalent**

\$25,000

if NPM has been on Nebraska's Directory of Certified Tobacco Products and Brands (Directory) for at least 3 years and

(i) NPM or its affiliates have made a full and timely escrow deposit for Nebraska in the last three years; and

(ii) NPM has never been involuntarily removed from any state's "approved for sale" list equivalent to the Directory

or  \$50,000

if NPM has not been on any state's "approved for sale" list equivalent to the Directory for at least 3 years

or The greater of:

\$50,000 or  \$\_\_\_\_\_ the greatest amount the NPM or its predecessor paid in escrow for Nebraska in any calendar year in the last five calendar years

if (i) NPM or its affiliates have not made timely and complete escrow deposit due for Nebraska in the last three years or

(ii) NPM or its affiliates were involuntarily removed from any state's "approved for sale" list equivalent to the Directory (Name of state and date of removal: \_\_\_\_\_)

**Part 3: Cash Equivalent (if applicable)**

Date of Deposit: \_\_\_\_\_

Amount of Deposit: \_\_\_\_\_

Financial Institution: \_\_\_\_\_  
Name

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

Account Number: \_\_\_\_\_

Date of Account Agreement: \_\_\_\_\_

Date Nebraska Attorney General's Office (NAGO) Approved Account Agreement for Said Account: \_\_\_\_\_

*Note: Proof of deposit from financial institution must be attached.*

**Part 4: Corporate Surety Bond (if applicable)**

Bond Number: \_\_\_\_\_

Corporate Surety: \_\_\_\_\_  
Name

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

Effective Date: \_\_\_\_\_

Date NPM Bond filed with NAGO: \_\_\_\_\_

**Part 5: Certification and Signature**

Under penalty of perjury, I state that the amount of the Corporate Surety Bond or Cash Equivalent is consistent with the requirements described under Part 2 above and that the Corporate Surety Bond described above and the information contained herein is true and accurate. This Certificate must also be signed and dated by an authorized notary public.

Printed Name of NPM Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of NPM Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me on this date: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

City or County of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Seal:

**NOTE:** *The above Certification of Non-Participating Manufacturer Bond or Cash Equivalent or, if appropriate, a Quarterly Affirmance of Non-Participating Manufacturer Bond or Cash Equivalent, must be submitted at least 10 days before the beginning of each calendar quarter to the Nebraska Attorney General's Office with a copy to the Nebraska Department of Revenue, as set forth below, in order for the NPM to remain on the Nebraska Directory of Certified Tobacco Products and Brands.*

MAIL OR EMAIL THE COMPLETED FORM TO:	MAIL OR EMAIL A COPY TO:
Office of the Nebraska Attorney General Tobacco Enforcement Unit 2115 State Capitol P.O. Box 98920 Lincoln, Nebraska 68509-8920  Email: <a href="mailto:ago.tobacco@nebraska.gov">ago.tobacco@nebraska.gov</a>	Nebraska Tax Commissioner P.O. Box 94818 Lincoln, Nebraska 68509-4818  Email: <a href="mailto:garrett.nedved@nebraska.gov">garrett.nedved@nebraska.gov</a>