



CERTIFICATION  
OF NON-PARTICIPATING  
MANUFACTURER BOND OR  
CASH EQUIVALENT

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

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

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

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

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

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

*Please see document titled "Bond Instructions," posted at  
<<https://ago.nebraska.gov/tobacco-enforcement>>, for direction regarding which  
amount option is required.*

**PLEASE CHECK ONE BOX AND (IF APPLICABLE) FILL IN THE BLANK:**

\$100,000.00

\$ \_\_\_\_\_: The largest required escrow amount due for any annual quarter within the last 5 years.

\$ \_\_\_\_\_: The largest required combined annual escrow total amount due for any calendar year within the last 5 years if deemed an elevated risk for non-compliance.

**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 applicable under Nebraska law, 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:cliff.thomas@nebraska.gov">cliff.thomas@nebraska.gov</a>