



Missouri Department of Revenue
Missouri Tobacco Directory - Non-Participating Manufacturer Brands Certification

Manufacturer

Company Name _____	Current Calendar Year (From Form 5304) _____ Year _____ Type _____
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The undersigned manufacturer certifies, under penalties of perjury, as of the date of this certification, it is a Non-Participating Manufacturer (NPM) and is in full compliance with [Sections 196.1003](#) and [196.1020](#) to [196.1035, RSMo.](#) as well as any regulations. The undersigned NPM certifies that the following list is a complete list of all its brand families which are to be deemed its cigarettes (including RYO product) for purposes of escrow requirements under Section 196.1003, RSMo. Nothing in this certification shall limit or otherwise affect the State's right to maintain that a brand family constitutes cigarettes or RYO of a different tobacco product manufacturer for purposes of Section 196.1003, RSMo. Provide the following for all brand families: Brand Family, Brand Style, Size, Flavor, and Package, as it should be listed on the Missouri Directory. Include sample packaging for each brand family named with your certification. Submit new packaging each time you change your packaging or add new brand families. Asterisk (*) denotes those brands that will not be sold in Missouri during the current year. "Units Sold" is equal to the number of individual cigarettes sold in the state. 0.09 ounces of "roll-your-own" tobacco shall constitute one individual cigarette.

Brand Family Certification

Brand Family	Brand Style	Size	Flavor	Container	Select One	Packaging Submitted	Report Units Sold in Sticks for Cigarettes & RYO (Convert Ounces to Sticks)		Name & Address of Manufacturer of Brand Family in preceding years if different from NPM identified on Part 1	Trade Mark Holder (Current & Prior)	Fire Safe
							Units Sold Prior Year	Units Sold Current Year to Date			
					<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
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					<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
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					<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach to Missouri Tobacco Directory - Non-Participating Manufacturer Certification ([Form 5304](#))

Form 5303 (Revised 01-2015)

Mail to: Taxation Division
 P.O. Box 811
 Jefferson City, MO 65105-0811

and Missouri Attorney General
 P.O. Box 899
 Jefferson City, MO 65102-0899
tobacco.certification@ago.mo.gov

Phone: (573) 751-7163
Fax: (573) 522-1720
TTY: (800) 735-2966
E-mail: excise@dor.mo.gov

Visit <http://dor.mo.gov/business/tobacco/motobacco.php> for additional information.



Brand Family Certification

Brand Family	Brand Style	Size	Flavor	Container	Select One	Packaging Submitted	Report Units Sold in Sticks for Cigarettes & RYO (Convert Ounces to Sticks)		Name & Address of Manufacturer of Brand Family in preceding years if different from NPM identified on Part 1	Trade Mark Holder (Current & Prior)	Fire Safe
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					<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.	
	Signature of Authorized Person for Non-Participating Manufacturer	Title
Authorized Person - Printed Name		Date (MM/DD/YYYY) ___/___/_____