



Missouri Department of Revenue
**Missouri Tobacco Directory -
 Supplemental Cigarette and Roll Your Own
 (RYO) Packaging Change Notification**

Year	Current Calendar Year For This Notification: 20 _____	Department Use Only	Postmark Date (MM/DD/YYYY) ____/____/_____

Manufacturer	Name			Federal Employer Identification Number		
	Mailing Address					
	City		State	ZIP Code	Country	
	Physical Address					
	City		State	ZIP Code	Country	
	Telephone Number (____) _____ - _____		Fax Number (____) _____ - _____		E-mail Address	

Brand Family and Brand Style Identification	Select the appropriate box(es) and attach additional sheets if necessary:			Effective Date of Change (MM/DD/YYYY) ____/____/_____		
	<input type="checkbox"/> Supplemental Certification: Included is sample cigarette or RYO packaging (without tobacco) for each brand style listed below. <input type="checkbox"/> Actual packaging (without tobacco) <input type="checkbox"/> Electronic copy of packaging			Description of Change: _____		

Brand Family		Brand Style	Size	Flavor	Container	Select One
						<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
						<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
						<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
						<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
						<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
						<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
						<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO

Execution by Authorized Person	The undersigned certifies that as of the date of this notification, the above-named company is a tobacco product manufacturer of cigarettes and RYO. I certify the above information is a change to packaging only and that no changes have occurred to the brand family, brand style, ingredients, blend, tipping or paper of the actual cigarettes and RYO as originally certified to the Missouri Department of Revenue and the Missouri Fire Marshal.	
	Under penalty of perjury, I certify and declare that all of the statements contained in this certification, including but not limited to any accompanying statements or attachments herewith, are true, correct, accurate and complete in every particular, and that I am a person authorized to bind the tobacco product manufacturer making this notification either under the laws of the state of Missouri or the jurisdiction where the manufacturer resides or is organized. Any violation of the requirements of Sections 196.1003 and 196.1020 to 196.1035, RSMo , is basis for removal of the company's brands from Missouri's Directory of Compliant Tobacco Products Manufacturers.	
	Signature of Authorized Person _____ Date (MM/DD/YYYY) ____/____/_____	
Printed Name _____ Title _____		

Form 5422 (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.

