



# Commonwealth of the Northern Mariana Islands Office of the Attorney General

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## Commonwealth of the Northern Mariana Islands

### Certification Pursuant to the CNMI Model Escrow Statute

Source: 3 CMC §§ 2171-2175 and 4 CMC §§ 50161-50166

#### GENERAL INFORMATION

##### Who is required to file this certification?

Any tobacco product manufacturer that intends to sell cigarettes within the Commonwealth of the Northern Mariana Islands, whether directly or through any distributor, retailer, or similar intermediary.

##### Definitions:

- (a) "Cigarette" has the same meaning as in 3 CMC § 2171(D).
- (b) "Master Settlement Agreement" has the same meaning as in 3 CMC § 2171(E).
- (c) "Non-Participating Manufacturer" means any Tobacco Product Manufacturer that is not a Participating Manufacturer.
- (d) "Participating Manufacturer" has the meaning given that term in Section II(jj) of the Master Settlement Agreement and all amendments thereto.
- (f) "Qualified Escrow Fund" has the same meaning as that term is defined in 3 CMC § 2171(F).
- (g) "Distributor" means a person that is required to pay the excise tax imposed on Cigarettes as defined in 4 CMC § 50161(d).
- (h) "Tobacco Product Manufacturer" has the same meaning as that term is defined in 3 CMC 2171(I).
- (i) "Units Sold" has the same meaning as that term is defined in 3 CMC § 2171(J).

##### When is this Certification due?

This certificate of compliance must be postmarked on or before April 30th of the year following the sales year.

##### SPECIFIC INSTRUCTIONS:

Part 1: Manufacturer's Identification. Identify the name, address, telephone, fax number and electronic mail address.

Part 2: Sales Year. Identify the sales year.

Part 3: Brand Family Identification. List brand families, list all Universal Product Codes (UPC) by brand, and affirm that the product complies with FDA substantial equivalence and labeling rules.

Part 4: Non-Participating Manufacturer Certification

- A. Identify (i) the name of a registered agent/approved agent for service of process in the Commonwealth of the Northern Mariana Islands, and (ii) the agent's address, telephone, FAX, email pursuant to 3 CMC § 50163.
- B. Identify (i) the name, address and telephone number of the financial institution where the Non-Participating Manufacturer has established a Qualified Escrow Fund pursuant to 3 CMC § 2172, (ii) the account number of such Qualified Escrow Fund and any sub-account number for the Commonwealth of the Northern Mariana Islands;
- C. Identify (i) the amount such Non-Participating Manufacturer placed in such fund for Cigarettes sold in the State during the preceding calendar year, the date and amount of each such deposit; and (ii) the amount and date of any withdrawal or transfer of funds the Non-Participating Manufacturer made at any time from such fund or from any other Qualified Escrow Fund.

Part 5: Execution by Authorized Designees. The person executing the Certification must be an authorized representative of the Tobacco Product Manufacturer identified in Part 1. The Designee's name and title must be printed and the Certification must be executed in the presence of an authorized notary.

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## Certification

### Part 1: Tobacco Product Manufacturer Identification

Company: \_\_\_\_\_

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

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

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

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

Name/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 Public Law 14-10**

### Part 2: Sales Year

Year of Sales for this Certificate of Compliance is: *(Complete a separate certification for each year of sales)* \_\_\_\_\_

**Part 3: Brand Family Identification (Attach additional sheets if Necessary)**

A. Brand Family <sup>1</sup>	B. Brand Name	C. Units Sold Preceding Year	D. Units Sold Current Year	E. Manufacturer	UPC	Is this brand FDA compliant (Check if yes)

<sup>1</sup> Indicate with an asterisk (\*) those brands that will not be sold in 2019.

<b>A. Brand Family<sup>2</sup></b>	<b>B. Brand Name</b>	<b>C. Units Sold Preceding Year</b>	<b>D. Units Sold Current Year</b>	<b>E. Manufacturer</b>	<b>UPC</b>	<b>Is this brand FDA compliant (Check if yes)</b>

<sup>2</sup> Indicate with an asterisk (\*) those brands that will not be sold in 2019.

**Part 4: Non-Participating Manufacturer Certification**

**A. Registered Agent/Approved Agent for service of process**

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

Company: \_\_\_\_\_

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

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

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

[Has the Agent for Service of Process been approved by the Attorney General?] \_\_\_\_\_

**B. Qualified Escrow Fund – Financial Institution**

Name of Institution: \_\_\_\_\_

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

Representative Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Escrow Acct No: \_\_\_\_\_ State Account No: \_\_\_\_\_

Has the Qualified Escrow Agreement been approved by the Attorney General? \_\_\_\_\_

By Whom: \_\_\_\_\_ Approval Date: \_\_\_\_\_

**C. Escrow Deposit/Withdrawal History for Commonwealth of the Northern Mariana Islands**

Date	Deposit	Withdrawal <sup>3</sup>	Balance

**Part 5: Execution by Authorized Designee**

Under penalty of perjury, I state that the information contained in this certification is true and accurate.

Designee (Print Name): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Designee: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>3</sup> Withdrawals must comply with 3 CMC §§ 2171-2172. Verification of compliance must be provided.

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

Signature of Notary Public: \_\_\_\_\_ City or County of \_\_\_\_\_

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

**Email the completed certificate of compliance to:** [deputy\\_ag@cnmioag.org](mailto:deputy_ag@cnmioag.org)

**Or fax to: 1+670-664-2349**

**Mail the original completed certificate of compliance to:** ATTN Tobacco MSA Enforcement  
Office of the Attorney General  
Caller Box 10007, Capitol Hill  
Saipan, MP 96950

and

Division of Revenue and Taxation  
Caller Box 10007, Capitol Hill  
Saipan, MP 96950