



MISSOURI DEPARTMENT OF  
**REVENUE**  
**Missouri Tobacco Directory**  
**Participating Manufacturer Brands Certification**

Company Name

As of the date of this certification, the manufacturer identified in the Manufacturer Identification section of [Form 5305](#) is a Participating Manufacturer (PM) and has generally performed its financial obligations under the Master Settlement Agreement (MSA). The PM certifies that the brand families listed in this certification are a complete list of the brand families which are deemed to be its cigarettes (including RYO product) for purposes of calculating payments under the MSA in the volumes and shares determined pursuant to the MSA. Nothing in this certification shall limit or otherwise affect the State's right to maintain that a brand family constitutes cigarettes or RYO tobacco of a different tobacco product manufacturer for the purposes of calculating payment under the MSA.

Asterisk (\*) denotes brands that will not be sold in Missouri during the current year.

Brand Family Certification

Brand Family	Brand Style	Size	Flavor	Container	Select One	Packaging Submitted (Yes or No)	Fire Safe (Yes or No)	UPC Code (Pack or Box)
					<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			
					<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO			
					<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO			
					<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO			

Attach To Missouri Tobacco Directory - Participating Manufacturer Certification (Form 5305) Page \_\_\_\_\_ of \_\_\_\_\_

**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 Participating Manufacturer	Printed Name	Title	Date (MM/DD/YYYY) ____/____/____
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**Mail to:** Taxation Division and Missouri Attorney General  
P.O. Box 811 P.O. Box 899  
Jefferson City, MO 65105-0811 Jefferson City MO 65102-0899  
**Phone:** (573) 751-7163  
**Fax:** (573) 522-1720  
**TTY:** (800) 735-2966  
**E-mail:** [DOR.tobacco@dor.mo.gov](mailto:DOR.tobacco@dor.mo.gov)

Form 5301 (Revised 02-2024)

Visit [dor.mo.gov/business/tobacco/motobacco.php](http://dor.mo.gov/business/tobacco/motobacco.php) for additional information.

