OFFICE OF THE INDIANA ATTORNEY GENERAL

UNITED STATES IMPORTER DECLARATION FORM

STATUTORY REQUIREMENTS

Pursuant to IC 24-3-5.4-13.5, a Non-Participating Manufacturer ("NPM") whose principal place of business is located outside the United States must annually provide to the attorney general a declaration from each of its importers that such importer assumes joint and several liability with the NPM for:

- 1. Any escrow payments required under IC 24-3-3-12(2) for deposit in a qualified escrow fund;
- 2. Any penalties assessed against the NPM under 24-3-3 or 24-3-5.4; or
- 3. Payment of all costs and fees recovered by the state against the NPM under 24-3-5.4-28.

Further, the importer must appoint a registered agent for service of process in Indiana and provide notice in accordance with 24-3-5.4-16.

IMPORTER INFORMATION
Fax Number:

NPM Information

foreign NPM whose p	it is a United States importer for the following NPM. Please identify the roducts you import into the United States. Importer must complete this eturer it represents; multiple NPMs cannot be included on the same form.
Manufacturer Name:	
Mailing Address:	
Phone Number:	Fax Number:
Impor	TER'S RESIDENT AGENT FOR SERVICE OF PROCESS
Resident Agent:	
Mailing Address:	
Phone Number:	Fax Number:
	nt: Please attach a current statement from the registered agent certifying in Indiana for the current sales year.
	DECLARATION
	information contained in this declaration and any attachments are true and authorized to bind the importer making this certification.
the identified foreign I assessed against the N	4-13.5, I declare that the importer accepts joint and several liability with NPM for all escrow payments required under IC 24-3-3-12(2); all penalties PM under IC 24-3-3 or IC 24-3-5.4-13.5; and payment of all costs and fees against the foreign NPM under IC 24-3-5.4-28.
•	orter has appointed a registered agent for service of process for the importer vided notice in accordance with IC 24-3-5.4-16.
Executed this	day of, 20

Signature of Authorized Officer or Agent Importer Name (Print)	
Name (Print)	
	-1

IMPORTER

Mail this original completed form and all attachments to:

Indiana Attorney General Tobacco Enforcement Section Indiana Government Center South 302 W. Washington St., 5th Floor Indianapolis, IN 46204