



Ernest P. Legier, Jr., Commissioner

SCHEDULE D

STAMPING AGENT CERTIFICATION

Applicant certifies that business has been approved and designated as a stamping agent and that pursuant to La. R.S. 26:906H, Applicant understands and shall comply with the all following provisions:

- Applicant shall only Affix stamps as set forth in R.S. 47:843(D).
- Applicant shall pay to the state all taxes applicable under R.S. 47:841 et seq. on cigarettes it sells or present documentation demonstrating that such taxes were paid prior to the sale.
- Applicant shall provide complete and accurate reports as required by this Chapter, R.S. 13:5071 et seq., or R.S. 47:841 et seq. and certify monthly that it has complied with all requirements therein.
- Applicant shall comply generally with all other provisions set forth in R.S. 47:841 et seq.
- Applicant shall consent to the jurisdiction of the state to enforce the requirements of Title 26 and waive any claim of sovereign immunity to the contrary.
- Applicant shall waive all confidentiality laws as necessary to permit the commissioner to create and make available the list described in R.S. 26:921(B) and to share information reported under the law with the taxing or law enforcement authorities
- Applicant for a stamping agent designation located outside the state shall appoint an agent in the state for service of process in connection with enforcement of this Chapter and the provisions of La. R.S. 13:5061 et seq. and R.S. 47:841 et seq.

SWORN STATEMENT OR CERTIFICATE OF AUTHENTICITY

I certify that I am an owner or duly authorized agent, partner, officer, or applicant. I further certify under the penalties of perjury, that I hereby certify that as a designated stamping agent, the Applicant shall comply with all provisions listed above. I further certify that I have fully examined and understand this application and certify to the best of my knowledge and belief, my answers are true, correct and complete.

Print Name

Signature

Title

Date

Notary Use Only

Sworn to and subscribed to me on this _____ day of _____, 20_____, in the parish/ county of _____, State of _____

Name of Notary Public

Signature of Notary Public

Office Use

Permit No:

Processed by & Date Received:

Approval By & Date: