



**REGISTRATION OF CIGARETTE-MAKING MACHINE**  
 NORTH DAKOTA OFFICE OF ATTORNEY GENERAL  
 LICENSING SECTION  
 SFN 60353 (08-2023)

Registration Number (Office Use Only)

Please Type or Print Legibly

Name of Individual Registering Cigarette-Making Machine			
Company Name (if applicable)		Cigarette-Making Machine Serial Number	
Machine Location	City	State	ZIP Code
Mailing Address	City	State	ZIP Code
Telephone Number	Cell Phone Number		
Do you have a valid federal permit as a Tobacco Product Manufacturer issues under 26 U.S.C. 5713? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <b>If yes</b> , copy of federal permit must be attached to the registration)			
Is the cigarette-making machine used for personal purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <b>If yes</b> , an affidavit that the machine will be used exclusively for personal purposes must be attached to the registration)			

**Note:** A cigarette-making machine may be considered used exclusively for personal purposes only if the product resulting from the operation of the machine is consumed by the individual who owns the machine or by other persons whose consumption of the product is incidental to the owner's personal use of the machine.

No person may maintain or operate a cigarette-making machine in this state unless the machine has been registered with the Attorney General. Each registration expires three years from the date the machine is registered and must be renewed if the machine is still in use. The registration shall immediately terminate if the federal permit is declared invalid, surrendered, or revoked, or any statement in the affidavit ceases to be true, correct or complete.

**By signing below, I certify under penalties of perjury, that all statements in this registration and in any attachments to the registration are true, accurate and complete.**

Signature of Individual Registering Cigarette-Making Machine

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me this \_\_\_\_\_ Date

Name(s) of Individual(s) Making Statement	Affix Notary Stamp
Signature of Notary Public	
Commission Expiration Date	

MAIL REGISTRATION TO:  
 Office of Attorney General  
 Licensing Section  
 600 E Boulevard Ave Dept 125  
 Bismarck ND 58505-0040  
 Telephone: 701 328-2329

Licensing Use Only

Date Entered: \_\_\_\_\_ By: \_\_\_\_\_

Expiration Date: \_\_\_\_\_