



**Department of  
Taxation**  
P.O. Box 530  
Columbus, OH 43216-0530

<b>Consent Authorization Number</b> (Internal use only)
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### Request to Transport Other Tobacco Products

Name of requesting distributor	Account number
Name of person requesting consent	Date to be shipped
Telephone number	Fax number

Name of supplier	Purchase invoice number
Name of contact person receiving consent	Total wholesale cost
Telephone number	Fax number
Make/model/color of vehicle used for shipment	License plate number of vehicle

Manufacturer	Product Type	PM or NPM (indicate MSA status if RYO)	Product Description (all RYO brands must be listed separately or attach invoices)	Quantity	Wholesale Cost

I declare under penalties of perjury that this request has been examined by me, and to the best of my knowledge and belief is a true, correct and complete request for transportation of other tobacco products.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Instructions for OTP Consent to Transport

OTP 99  
Rev. 7/16

The consent to transport should be used for **every transaction** involving the transfer or exchange of untaxed other tobacco products between in-state Ohio licensed distributors and an unlicensed/unregistered supplier. The Ohio licensed distributor requesting the tobacco product is responsible for requesting the consent to transport from the Ohio Department of Taxation. The requesting distributor must give the department **three to five** business days notice before the requested shipment date. (Failure to do so may result in the department not authorizing the shipment to take place.)

**Name of requesting distributor** – The Ohio licensed distributor's name who is requesting the shipment of other tobacco products.

**Account number** – The other tobacco product account number of the requesting distributor issued by the Ohio Department of Taxation. Ex. 921XXXXX

**Name of person requesting consent** – Representative of the person requesting the consent on behalf of the licensed distributor.

**Date to be shipped** – The date you want the supplying distributor to deliver the other tobacco product to your licensed location.

**Telephone number** – The phone number (with extension if applicable) of the person requesting the consent on behalf of the licensed distributor.

**Fax number** – The company fax number of the requesting distributor.

**Name of supplier** – The distributor's name who will be selling the other tobacco product to the requesting distributor.

**Total wholesale cost** – Total wholesale cost – The total wholesale cost of the tobacco products.

**Name of contact person receiving consent** – The name of the representative of the supplying distributor who will be receiving the consent from the department.

**Purchase invoice number** – The invoice number of the other tobacco products for which the consent is being requested.

**Telephone number** – The phone number (with extension if applicable) of the person receiving the consent on behalf of the supplying licensed distributor.

**Fax number** – The supplying distributor fax number to which the departmental consent should be sent.

**Make/model/color of delivery vehicle** – The manufacturer name, model and color of the delivery vehicle that will be used to ship the requested tobacco product.

**License plate number** – The license plate number of the delivery vehicle that will be used to ship the requested tobacco product.

**Manufacturer name** – The manufacturer name of the brand of other tobacco product being requested. If the product is **roll-your-own tobacco**, the manufacturer must be listed as it appears on the tobacco directory of the Ohio Attorney General (see [www.ohioattorneygeneral.gov](http://www.ohioattorneygeneral.gov)).

**Product type** – List the type of other tobacco product being requested; cigars, hookah, little cigars, pipe tobacco, RYO, or smokeless tobacco.

**PM or NPM manufacturer** – The Ohio Attorney General's directory status of the **roll-your-own** manufacturer found at [www.ohioattorneygeneral.gov](http://www.ohioattorneygeneral.gov). PM refers to Participating Manufacturer while NPM refers to Non-Participating Manufacturer. PM and NPM are both allowed to be distributed in the state of Ohio. If not **roll-your-own** product, please leave blank.

**Product description** – If the product is **roll-your-own**, each brand family must be listed separately and as it appears on the attorney general's Web site at [www.ohioattorneygeneral.gov](http://www.ohioattorneygeneral.gov). If the roll-your-own product is not listed on the directory, the product cannot be distributed for resale in the state of Ohio and consent will not be granted.\* Please attach additional sheets if necessary. Include brands and package quantities for each product.

**Quantity** – The quantity of each product being requested. The quantity of roll-your-own product must be stated in ounces, while all other tobacco products should be quantified by packaging (one case, 10 packs, five cigars, etc.).

**Wholesale cost** – The wholesale cost of the tobacco products.

**Signature** – An unsigned consent **will not** be processed.

\*Roll-your-own product not listed on the tobacco directory of the Ohio Attorney General's Web site can be requested by a multi-state distributor. The requesting distributor must provide the department with a copy of the Other Tobacco Product license for the state where the product will be distributed along with a signed statement that the requested uncertified product will not be sold for resale in the state of Ohio.

**All Requests for Consents to Transport should be faxed to the following:**

**Excise Tax Section  
Fax (206) 350-6722**