



# FIRE STANDARDS COMPLIANT CIGARETTE CERTIFICATION FORM BY MANUFACTURER

*Please review instructions prior to completion*

## Part 1. Type of Certification

CHECK ONE	TYPE OF APPROVAL	APPROVAL FEE	# of BRAND STYLES	AMOUNT INCLUDED
<input type="checkbox"/>	Initial Approval	\$250 per brand style	=	\$
<input type="checkbox"/>	Supplemental <small>(see Instructions)</small>	\$250 per brand style	=	\$
<input type="checkbox"/>	3 year Re-Certification	\$250 per brand style	=	\$
<b>TOTAL AMOUNT INCLUDED WITH APPLICATION</b>				<b>\$</b>

## Part 2. Manufacturer

COMPANY NAME		CONTACT PERSON			FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):	
ADDRESS		CITY		STATE	COUNTRY	POSTAL CODE
PHONE NUMBER			FAX NUMBER			
EMAIL ADDRESS FOR NOTIFICATION*				WEB ADDRESS <i>(Optional)</i>		
<b>Type of Manufacturer:</b> <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating						

## Part 3. Manufacturer's Representative (if applicable)

<input type="checkbox"/> Check here if same as manufacturer listed in part 2						
COMPANY NAME		CONTACT PERSON			ALTERNATE CONTACT PERSON	
ADDRESS		CITY		STATE	COUNTRY	POSTAL CODE
PHONE NUMBER			FAX NUMBER			
EMAIL ADDRESS FOR NOTIFICATION*				WEB ADDRESS <i>(Optional)</i>		

## Part 4. Test Method

The cigarettes included in the application have been tested using the following method (check one). The test results are included with this application. The Manufacturer is required to retain the testing data for a minimum of 3 years.

<input type="checkbox"/> ASTM E2187-04	Test Lab
<input type="checkbox"/> Attach a copy of detailed test results and certificate from test lab for each test project code.	
<input type="checkbox"/> Alternate testing method has been approved by the Office of State Fire Marshal. Attach a copy of the proposed testing method and approval letter as required by §23-51-40.	
<input type="checkbox"/> Attach a copy of the <b>SC FSC Brand Styles</b> spreadsheet (form fill-able) as downloaded from our Web site at: <a href="http://www.llr.state.sc.us/FMARSHAL/index.asp?file=Fire_Safe_Cigarettes.htm">www.llr.state.sc.us/FMARSHAL/index.asp?file=Fire_Safe_Cigarettes.htm</a> (use one per certified lab test project code)	



# APPLICATION FOR CERTIFICATION of CIGARETTE MANUFACTURER

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## Part 5. Marking Approval

All cigarettes included in the application have an approved marking of "FSC" in eight point type or larger, or other approved marking (check one) on the package at or near the UPC code as required by §23-51-50

- "FSC "marking as per §23-51-50, copy attached.
- Copy of Office of State Fire Marshal approval of alternate marking dated \_\_\_\_\_ is attached
- Manufacturer proposed marking of 8 point or larger is attached and submitted with this Application

## Part 6. Certification Information provided to Wholesale Dealers and Agents

The undersigned manufacturer must provide copies of Certification to all South Carolina distributors and agents to which they sell cigarettes and shall also provide sufficient copies of an illustration of the package marking utilized by the manufacturer pursuant to this section for each retail dealer to which the distributor or agents sell cigarettes as required by §23-51-50

## Part 7. Manufacturer Certification

Manufacturer certifies that all cigarettes included in this certification have been tested in accordance with and meet the performance standard specified by the SC Reduced Cigarette Ignition Propensity Standards. Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this application for certification and any attached documents are true and accurate and that I am a person authorized to bind the manufacturer making this certification either under the laws of the State of South Carolina or the jurisdiction where the manufacturer resides or is organized. I understand that the SC Office of State Fire Marshal may require additional information and/or documentation to determine whether the manufacturer qualifies for listing on the South Carolina Directory. **This document must be signed and dated by an authorized notary public.**

ORIGINAL SIGNATURE OF AUTHORIZED REPRESENTATIVE OF MANUFACTURER	DATE
PRINTED NAME OF AUTHORIZED REPRESENTATIVE OF MANUFACTURER	TITLE
Subscribed and sworn to before me this date:  County _____ Commission Expires: _____	Signature of Notary Public

**The SC Office of State Fire Marshal will not process incomplete or illegible applications.**

## Part 8. For Office Use Only

Application reviewed for completeness by: \_\_\_\_\_ Check # / Amt. \_\_\_\_\_/\$\_\_\_\_\_

- Accepted Date: \_\_\_\_\_  Not Accepted Return Date: \_\_\_\_\_

Alternate Method of Testing Review as per Part 4 by : \_\_\_\_\_ Check # / Amt. \_\_\_\_\_/\$\_\_\_\_\_

- Accepted Date: \_\_\_\_\_  Not Accepted Date: \_\_\_\_\_

Certificate issued by: \_\_\_\_\_ Date: \_\_\_\_\_