



SAFETY AND BUILDINGS DIVISION
Integrated Services
PO Box 2658
Madison, Wisconsin 53701-2658

Scott Walker, Governor
Dave Ross, Secretary

State of Wisconsin Department of Safety and Professional Services Fire Safety Performance Manufacturer Certification

This certification is:

Initial Brand Family

New Cigarette with Previously Certified Brand Family

MANUFACTURER IDENTIFICATION

Manufacturer:

Mailing Address:

Street Address:

Phone Number:

Fax Number:

Email Address:

Website:

DESIGNATED CONTACT FOR CERTIFICATION

Contact Name:

Organization:

Relationship to
Manufacturer:

For Example: Attorney, Importer, Tax Compliance Manager, etc.

Mailing Address:

Phone Number:

Fax Number:

Email Address:

TESTING METHOD

Manufacturer certifies that each cigarette listed in this certification has been tested pursuant to s. Wis Stat.167.35(3).

CHECK ONE

- American Society of Testing and Materials ("ASTM") Standard E2187-04.
- Alternate method approved by the State of Wisconsin _____
State Approval Number
- Other state approved method or standard _____
Name of State
(Attach Copy of Approval)

MARKING METHOD

CHECK ONE

- Manufacturer certifies that all cigarettes included in this certification have "FSC" permanently marked in eight-point type or larger on each pack, carton, cases and other packages containing the cigarettes in conjunction with the universal product code as required by s. Wis Stat.167.35(4).
- Manufacturer certifies other marking per s. Wis. Stat. 167.35(4). *Copy Attached*

Manufacturer _____

Mail Forms and Payment to:
Dept. of Safety and Professional Services
PO Box 78780
Milwaukee WI 53293-0780

CERTIFICATION FEE

Pursuant s. Wis Stat.167.35 (2)(f), for each cigarette listed in the certification, a manufacturer shall pay to the Wisconsin Department of Safety and Professional services a fee of \$1000 for each brand family. Payment must be made payable to Wisconsin Dept. of Safety and Professional Services.

Number of Brand Families _____	X	\$1,000	=	_____
				Total
				Revenue Code: 7652

VERIFICATION OF CERTIFICATION

I certify that, to the best of my knowledge, all of the information contained in this certification and any attachments are true and accurate.

I certify that, as of the date of this certification, the named manufacturer requesting certification is (1) a manufacturer as defined in s. Wis. Stat. 167.35 and (2) in full compliance with the Fire Safety Performance Standards for Cigarettes in s. Wis. Stat. 167.35.

I certify under penalty of perjury under the laws of the State of Wisconsin that the foregoing is true and correct.

Executed this _____ day of _____, 20_____.

Signature of Authorized Officer or Agent

Name (Please Print)

Title (Please Print)

Personal information you provide may be used for secondary purposes.
[Privacy Law, s.15.04 (l) (m)]