



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

Fire Safe Cigarettes
Division of Industry Services
P. O. Box 7302
Madison, Wisconsin 53707-7302

TTY: Contact Through Relay

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(3).
- Manufacturer certifies other marking per s. Wis. Stat. 167.35(4). *Copy Attached*

CIGARETTE CERTIFICATION

Pursuant to s. Wis. Stat. 167.35 (2), please provide the following information for each type cigarette to be certified: The brand or trade name that appears on the package; the style of the cigarette, such as light or ultra-light; length in millimeters; circumference in millimeters; flavor description (e.g., menthol, chocolate, etc.); filter or non-filter; type of individual container in which the cigarette is packaged, such as soft pack or box.

Brand or Trade Name	Style	Length	Circumference	Flavor	Filter or Non-Filter	Container

Manufacturer _____

CIGARETTE CERTIFICATION

Brand or Trade Name	Style	Length	Circum- ference	Flavor	Filter or Non- Filter	Container

Please include additional pages if necessary

Manufacturer _____

Mail Forms and Payment to:
Fire Safe Cigarettes
Wisconsin Department of Safety and Professional Services
PO Box 7302
Madison WI 53707-7302

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 Department of Safety and Professional Services.

Number of Brand Families _____ X \$1000 = _____
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 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)]