

### **Checklist for Cigarette Certification Filing**

- Fill out Certification form completely, don't say "see attached information"
- Each Certificate must have an original signature – no photo copy or computer generated copy of signature
- Cigarette test must have occurred within 4-months of filing/submittal date or certificate will be dated 3-years from test date
- When submitting a cigarette brand older than 4-months from test date, along with those less than 4-months, submit a separate certification form. Don't use the same certification form for both.
- Packaging for each cigarette brand style must be submitted with certification application – no photo copies or computer generated copies
- Brand style name on cigarette packaging must match the brand indicated on certificate form
- Specify font style and size used for FSC in cover letter



Vermont Department of Public Safety

# DIVISION OF FIRE SAFETY



Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team

## MANUFACTURER CERTIFICATION AND PACKAGE MARKING APPROVAL FOR FIRE STANDARD COMPLIANT CIGARETTES

This form must be completed for initial and recertification requests, requests for package marking approval and for any other substantive change. Include payment with this form to the Vermont Department of Public Safety in the amount of \$1,000 for the certification or recertification of each brand style.

Manufacturer: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Must select one from each category:*

Package marking information:  Previously approved  Request for new approval  Request for change in design

Brand style certification info:  New certification  Certification for change in brand style  Recertification of currently certified brand styles

Laboratory test results (*results included*):  Conducted by Manufacturer  Conducted by an Independent Laboratory

Description of package markings: \_\_\_\_\_

List of brand styles included in this submittal:

Brand	Style	Length (mm)	Circ (mm)	Flavor	Filter	Pkg Desc	Date tested
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

*Abbreviations used: ultra-light (UL); light (LT); full flavor (FF); menthol (MEN); non-specified (N/S); filter (F); non-filter (NF); soft package (SP); hard package (HP)*

Each cigarette brand style listed in this request for certification has been tested in accordance with and met the performance standard required in 20 V.S.A. 2757 subsection (b), and is packaged in accordance with approved marking under 20 V.S.A. 2757 subsection (c). I further attest by my signature under 13 V.S.A. 3016 (filing a false claim with a department or agency of the state) that the information contained within this form is correct and accurate to the best of my knowledge:

Signature of Manufacturer's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

***For Department Use Only***

Approved by the Department of Public Safety: \_\_\_\_\_ Date: \_\_\_\_\_

Joseph R Benard, Deputy Director

