



Ohio Department of Commerce
Division of State Fire Marshal
8895 E. Main St, PO Box 529
Reynoldsburg, Oh 43068
614 752-7126 Fax 614 995-4206
1-877-264-0023
TTY/TDD 800-750-0750
www.com.ohio.gov

Application For Reduced Ignition Propensity Cigarette Certification

Applicant Information

Brand family name _____
Manufacturer name _____
Address _____ County _____
City _____ State _____ Zip _____ Country _____
Phone _____ Fax _____
Website _____
Number of brand styles _____ Marking _____ Federal Tax ID # _____

Contact Information

Contact name _____
Address _____
City _____ State _____ Zip _____ Country _____
E-mail address _____

Statutory Agent Information

Statutory agent _____
Address _____
City _____ State _____ Zip _____ Country _____

Laboratory Information (Provide proof of accreditation)

Lab name _____
Contact _____ Email address _____
Address _____ Phone _____
City _____ State _____ Zip _____ Country _____

Testing Method

The cigarettes included in this certification have been tested using the following method (check one) and the test results are attached.

- ASTM E2187-04 Alternate test method approved by the state fire marshal.
(Attach copy of approval letter)

Each manufacturer shall maintain copies of the reports of all tests conducted on all cigarettes offered for sale in this state for a period of three years after a test is concluded, and shall make copies of these reports available to the state fire marshal and the attorney general upon receipt of a written request.

An equal opportunity employer and service provider

Fire Standards Compliance Certification Form

Provide records verifying that each cigarette included in this certification has been tested and complies with fire safety standards pursuant to Ohio Revised Code 3739.03 Use additional pages if necessary.

Manufacturer name _____ Federal Tax ID # _____
 Laboratory Name _____ Address _____
 City _____ State _____ Zip _____ Phone _____

Brand Family _____ Style _____ Length (in mm) _____ Circumference (in mm) _____ Flavor (if applicable) _____ Filter or Non-Filter _____ Package Description _____ Test Date _____	Brand Family _____ Style _____ Length (in mm) _____ Circumference (in mm) _____ Flavor (if applicable) _____ Filter or Non-Filter _____ Package Description _____ Test Date _____	Brand Family _____ Style _____ Length (in mm) _____ Circumference (in mm) _____ Flavor (if applicable) _____ Filter or Non-Filter _____ Package Description _____ Test Date _____
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Please include the following with your application:

1. Marking of Compliance

(Submit copy of marking for each brand family)

The manufacturer certifies that all cigarettes included in this certification have a permanent mark placed on each package of cigarettes. The marking shall be in eight-point type or larger, permanently printed, stamped, engraved, or embossed upon the cigarette package or cellophane wrap at or near the UPC code on the package, and consist of only the letters "FSC" that shall signify "fire standards compliant." This marking shall be used for all of the cigarettes the manufacturer sells and shall be applied uniformly to all packages, including, but not limited to, packs, cartons, cases, and brands sold by that manufacturer.

2. Notification To Wholesale Dealers

(Submit list of wholesaler dealer and agent to which the manufacturer sells cigarettes)

The manufacturer shall provide a copy of the certifications to each wholesale dealer and agent to which the manufacturer sells cigarettes and shall provide sufficient copies of an illustration of the package marking used by the manufacturer pursuant to section 3739.10 of the Revised Code for each retail dealer to which the wholesale dealer or agent sells cigarettes. Each wholesale dealer and agent who receives a copy of a manufacturer's certification and copies of the manufacturer's illustration shall provide to each retail dealer to which the wholesale dealer and agent sell the manufacturer's cigarettes a copy of the illustration provided to the wholesale dealer or agent by the manufacturer. A wholesale dealer, agent, or retail dealer shall allow the state fire marshal, the tax commissioner, and the attorney general to inspect the markings of cigarette packaging marked in accordance with section 3739.06 of the Revised Code.

3. Fee Calculation

\$1,000 X _____ (Number of brand families in this certification) = \$_____ (Total fee included)

Manufacturer Certification

I state that, to the best of my knowledge, all of the information contained in the certification and any attached documents is true and accurate and that I am a person authorized to represent the cigarette manufacturer submitting this application. I verify that the cigarettes included in this certification have been tested in accordance with ASTM standard E2187-04 or an alternate test method approved by the state fire marshal and meet the standard specified in Ohio Revised Code 3739.03. I understand that the state fire marshal may request additional information and/or documentation.

Print Name _____ Position _____

Signature _____ Date _____

E-mail address _____ Phone _____